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SPECIAL ARTICLES.

PRESIDENT'S ADDRESS

AT THE MEETING OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

C. D. MITCHELL M.D.,
PONTOTOC, MISS.

THE MEDICAL PROFESSION: ITS PROGRESS AND SOME OF ITS NEEDS.

Gentlemen of the State Medical Association:

"When four centuries ago, adventurers from the Old World landed on the Southern shores of the Western continent, and pushed their way into the depths of the primeval forest, they found growing in its shadowy fastnesses a mighty plant, with vast leaves radiating upward from the mould, and tipped with formidable thorns. Its aspect was unfriendly, it added nothing to the beauty of the wilderness, and it made advancement more difficult. But from the midst of some of them uprose a tall stem, rivalling in height the trees themselves and crowned with a glorious canopy of golden blossoms. The flower of the forbidden plant was the splendor of the forest. It was the century plant, of the family of the lilies, but no other lily rivals its lofty magnificence. From the gloom of untrodden places, it sends its shaft skyward into the sunshine. But not until the flower blooms after its ages of preparation, and those golden petals have unfolded upon the summits of their stately eminence, do we comprehend the symmetry and significance that had so long waited to avouch themselves."

These are the words in which Hawthorne beautifully and eloquently describes the discovery, advancement and

progress of the great Western republic and of the United States and I borrow them, to-day, and apply them to the medical science and make this lily of the ages stand a fit symbol of our profession since the beginning of our science—coeval as it is with that of the race whose frailties and whose sufferings first called it into existence, down through the dark ages, and up till the present time, when it rises heavenward out of the wilderness of time, and gloriously blooms an almost perfect science—the greatest, the grandest and the noblest vocation of the sons of man.

In the early ages of the world, medicine was regarded either as a mysery or an imposition; and the calling was esteemed a servile one. Medicine and theology were so commingled that the two formed but a single calling, the priest of that age ministering to the physical as well as the spiritual needs of his followers. For centuries, surgery was in the hands of the barbers, physic was the art of the slave and mendicant; and whenever sickness overpowered one, the incantations of magic and the unmeaning rites of a fanatical religion were appealed to by both prince and peasant.

But, as an art, medicine dates from Hippocrates, whose labors resulted in a forward movement of such magnitude that he was justly termed "the father of medicine." Still its progress was slow and its achievements few, until early in the seventeenth century when an era of progress began—the outcome of the discovery of the circulation of the blood and the improvement and utilization of the microscope. Yet under the influence and aid of these great discoveries, the views of the physicians were crude, because their pathology was false, their treatment was empirical, because it had no fixed scientific basis—and I doubt not that the physician of that day merited Voltaire's definition as "a man who poured drugs of which he knew nothing into bodies of which he knew less."

But what a different picture do we present to the world to-day. Though even now in the dawn of the twentieth century, skepticism is still abroad in the land, and traitorous doubts shake the faith of the people, so that quacks and semi-quacks are able to haunt the flanks of our profession as the guerilla does the regular army, yet all must admit that our achievements for the past few years are wonderful, and

almost beyond the fondest hopes or cherished anticipations of the most optimistic.

Smallpox, the most terrible disease that ever ravaged the world, and that leaves its "hidden traces of power upon those it does not slay," has been conquered. Cholera has been confined to its home in the valley of the Ganges. The plagues have been stayed from ravaging our population, and driven from Christian countries. We have learned the causes of yellow fever and malarial fever, and know how to guard against typhoid and tuberculosis, and I firmly believe that before a quarter of a century shall pass that these diseases will be exceedingly rare.

Especially have great strides been made in surgery—the different methods of arresting hemorrhage; asepsis and antisepsis, and anaesthesia, "the greatest boon to suffering humanity since quivering flesh first felt the throes of pain."

Our orthopedists are restoring hundreds of maimed children to usefulness and self-support; our ophthalmologists are restoring to sight thousands of eyes and are preventing the beginning of destructive processes in thousands more; our gynaecologists are restoring to health numberless invalid women—wives, mothers and sisters—who would otherwise drag through life a miserable existence. Medical fluoroscopy and skiagraphy have proved their usefulness in detecting deposits, tumors, effusions and in ascertaining the size and position of the internal organs. The revelations of the microscope during the past decade have taught us many impressive and valuable lessons—and while "the power of the man behind the gun to destroy human life has been multiplied by civilization, the power of the man behind the microscope to prolong it has increased in far greater proportions." And it is with especial pride we review the results of preventive medicine, and prophylactic measures, and the future conflict against disease will be waged more and more along these lines.

We read in the New Testament that a cry was once heard coming from a poor, miserable leper, saying: "Lord, if thou wilt, thou canst make me clean." And for centuries, this same cry has gone up from poor, suffering, afflicted humanity, and the medical profession through its persistent effort—believing that "cleanliness is next to Godliness"—

through sanitary science touches a disease-stricken world, and says: "Be thou clean." And diseased localities are rendered healthy; many diseases have been eradicated, many diminished; contagious and infectious diseases are under control, and millions of dollars and millions of lives are annually saved to our people.

Impressed as I am that this Association is composed of men of great learning and great skill—the peers of the medical men of any state—who have kept abreast in the rapid progress of our profession, it would seem that it was useless and a waste of time to burden you with a recital of the advancements of our profession. But I believe that it is profitable for us at times to take a brief survey of the progress of medicine—especially in its relation to public health, and "to read as it were the bulletins from the seat of this Holy war." I believe that it is well for us to pause and consider what we have done and what we are doing. And when the physician —who is in a great measure the educator of the people in the community in which he practices—returns to his home, he should disseminate this knowledge among his patrons, and have them to know and to understand what has been done and what is being done for their protection. And then, as a profession, we will receive more generous treatment; our wants will be better provided for, and our demands better heeded; and we can then call to our aid just rules and just laws—passed, endorsed and upheld by an enlightened and grateful people.

This is an age of advancement and progress in every avocation and in every department of life. This is a day of active competition and responsibility and high tension of life cannot be escaped by him who lives intensely and who aids in carrying on the business of the world. The pace at which men live to-day is quickened, the demands both on thought and emotion are heightened. And this constantly growing complexity of life appears to bring with it a constantly growing complexity of disease. And as this pressure and unrest of life increase with accelerated movement of mind and body, the nervous system which connects them acquires greater intensity and new susceptibilities of disorder, giving occasion for new problems and new methods of treatment.

And with such conditions confronting us—the physician of to-day—in order to meet such responsibilities, to advance the profession along lines in which it now wages its battles —the prevention of premature deaths and the prevention of unnecessary sickness—to maintain health and maintain vitality—to conduct the people along lines of their physical well-being—so that they may do hard work, hard intelligent work,—and still live out the years alloted to man—must be an *educated man*. The great demand to-day, is not for more physicians, but for better educated physicians, and this demand must be heeded.

Last year there were over twenty-seven thousand medical students in the United States, and over five thousand graduates, which according to customary estimation is over two thousand in excess of the requirements of population. And I venture the assertion that at least one-fourth of this number were utterly ignorant—devoid of literary education and entirely incompetent to practice medicine, and should never have been allowed to enter a medical college.

During the last four years, there appeared before the State Board of Health of this state seven hundred and fifty-two young men applying for license, of which only four hundred were successful—three hundred and fifty-two failing ; and three fourths of those who failed were astonishingly ignorant, devoid of the least education. They were compelled to fail because they knew no medicine, and could never learn medicine, because they had no foundation upon which to base it.

The medical student should be liberally educated—should have a collegiate education. At the very least he should have a good high school training. For without education, when advances come, when changes are made, when new discoveries open up new fields, he will not be able to keep abreast of the times, and can never be an intelligent student of progressive medicine. Without learning, the most original mind may be able to dazzle, to refute, to perplex, but it can not come to any useful results, or to any trustworthy conclusion. And ignorance in any vocation is to be deprecated, but in a profession of such responsibility as ours—standing, as it were, between a fellow being and the portals of the unseen world, charged with the conservation

of happiness, health and human life—it is a crime. And no physician should encourage any young man who is devoid of literary training to study medicine. For no man who is uneducated can make a good physician. And our medical colleges should enforce the rule so as to prevent young men matriculating who have not had at least a high school course. But there are too many medical colleges, and past experience proves conclusively that they cannot be depended upon to pass upon a matriculant's qualifications—for too many of them are run upon a purely commercial basis.

I believe that the only safe way in which requirements for admission can be rigidly enforced and honestly adhered to, is by a preliminary examination by a board composed of the State Superintendent of Education and the President and Secretary of the State Board of Health; and no applicant should be allowed to stand an examination for license who has not a certificate from this Board.

I am fully aware of the fact that this will work a hardship upon a few—but having the welfare of our profession at heart, whose history and whose progress has always been a struggle against ignorance and superstition, and whose cause is that of humanity; having the interest of the people at heart, and fully cognizant of the fact that in the ordinary business affairs of life they want those to serve them who are best qualified, especially when health and happiness and life are at stake, the highest qualifications attainable would be desirable and necessary and should be demanded.

Medicine is a profession of grave responsibility, and no man who is incompetent should desire or should be willing to enter the profession to traffic with health and human life, and should he be willing so to do, stamp him at once as unfit and unworthy the profession, whose standard, instead of elevating, he is sure to lower and to drag down. And our profession, society and the state should appeal for laws and regulations for a higher and more exact standard in the qualifications of the physician, knowing full well that this alone is for the general good—for the honor and dignity of a profession "whose whole life is one of labor and sacrifice for the welfare, ennoblement and betterment of mankind."

As individuals, no man possesses more power or more influence in the community than the physician. His advice

and his counsel is sought upon every question that arises. But as a profession, especially when it comes to medical legislation, our influence amounts to but very little. When we consider that the great purpose and sole desire of the physician is to solve the problems of sanitation and to preserve the life and health of his people, and as a result of whose labors in the last decade the span of life has been lengthened six years—it does seem that the state would be more generous to our profession.

In a carefully prepared paper read before the sanitary convention of Michigan a few years since—the author gave official statistics and evidence of great saving of human life in that state, which he thus summarizes:—"It is a record of the saving of over one hundred lives a year from small pox; four hundred lives per year saved from death by scarlet fever: and nearly six hundred lives per year saved from death by diphtheria—an aggregate of eleven hundred lives per year, or three lives per day, saved from these three diseases." And what the profession has done in Michigan it is doing every day in every state in the Union.

And when we consider that there is not a single law on our statute books pertaining to medicine that is not more beneficial to the people than the physician—there has never been a single law asked for by the profession, though it failed to pass, that would not have been productive of more good to the masses than to the profession—it does seem that, when it comes to medical legislation, our profession should be recognized, consulted and felt. When we consider that the only desire and only demand of the medical profession is for laws that will cause advancement of scientific truth and will enable us to better protect the people against their own ignorance and folly, it does seem that legislation pertaining to public health should be directed by it alone: for those who speak and act from special study and experience are the most competent to judge of the conditions, and therefore of appropriate laws affecting the public health. But yet, year after year, we ask for laws looking to the elevation of the standard of our profession, and the protection of the people from disease and charlatanry and impositions, and no heed whatever is given our suggestions.

There should first be a department of public health, and

there should be a physician in the President's cabinet. All laws on public health, vital statistics and the practice of medicine should be uniform in all the states. No one should be allowed to practice medicine unless he be a graduate of some reputable medical college.

Our state should require the collection of vital, morbidity and mortuary statistics. Yearly, there are sent to our insane asylums men and women who are not insane, but who, under proper medical attention, could be cured at home —and the only remedy for this great wrong is to take these cases out of the hands of jurors who are generally ignorant and utterly incompetent—and to require a physician to inquire into a man's mental condition, and to say whether or not he is sane or insane. All inquests should be held by the Health Officer of the county. And the salary of health officers should be fixed by the state at such a price as to enable competent and skilled physicians to give it their time and attention. The food supply of the people, as well as the water supply of cities, schools and public institutions, in fact everything that relates to the public health, should be directly under the supervision of competent physicians. There should be a compulsory vaccination law to protect the people from the most loathsome of all diseases, and to enable us to stamp out completely the greatest scourge known to the medical profession; a law that is in every way unselfish and is only for the benefit of the masses.

A bacteriological laboratory for the benefit of the health of the people should be established by the state. And provision should be made for the isolation and treatment of those suffering from tuberculosis, and who are unable to care for themselves. The appropriation for the State Board of Health should not be niggardly — but sufficient to enable it to perform those duties for which it was created. There should be some law so worded that the traffic in health and human life by quacks and frauds such as Eddyites, Dowieites and their like should be prevented. The law requires a physician, before he can legally practice his profession, to pass a satisfactory examination upon the branch of obstetrics. We endorse this law—for without this knowledge no one is fit to practice medicine, and no other deserves the protection of the law. But still the law says that the midwife can

engage in this branch of business without any such knowledge, and in behalf of womankind, I protest against such a law. There is no branch of medicine more important nor one that requires greater knowledge and greater skill than obstetrics, and especial care should be taken to allow no one to engage in this line of practice who is not qualified. For not only is the future health and happiness of homes involved, but the lives of both mother and babe are in the hands of the obstetrician. We can tell of mothers who have died, who had they been in the hands of skilled physicians would have lived. We can all tell of infants sacrificed, yea murdered, because of the ignorance of midwives, whose lives might have been a benefit and blessing to their communities. We can all tell of unfortunate little fellows, whose sight is destroyed, blinded to all the beauties of nature, and who will have to grope their way through life in utter darkness, because this law rendered it possible that they should fall into the care of ignorant midwives. This law then being unjust to the profession, for on one hand it requires knowledge, on the other it commends ignorance; unjust to the poor woman for whose benefit it was passed, we as a profession should demand its repeal.

There is another evil that I would especially desire to see remedied: that is in regard to expert testimony. In all our courts, we every day see the humiliating spectacle of physicians—often eminent physicians—losing sight of the truth. One swearing one thing and another the opposite—each only trying to uphold his side of the controversy. Such testimony gives the juror no light, often thwarts the ends of justice, lowers the profession in the eyes of the public, causes the laity to feel that the physician knows but little and brings such testimony into disrepute. Medical experts, in order that their testimony may be trustworthy and of value, should consider the problems of medico-legal jurisprudence dispassionately without reference to either side. This can be done by having the judge select a competent physician, present the facts to him and have him make his report in writing to the Court, his fee to be allowed by the judge. In this way expert testimony will have some value, and justice be more nearly done.

Then the question naturally arises, how can all these

things be brought about? How may our needs be secured, how our evils remedied?

And I answer, the solution is in organization. This is a day of organization, and it is essential that there should be medical organization. And since the re-organization of the American Association "with the various state associations as integral factors and with county societies as primary units," the medical profession of the whole country is for the first time in a condition of effective solidarity, and will soon be in a position to demand and to have that which is right, best and just. It is true there are now some objections to these plans, but they can all be remedied later on when we are better organized. But so much has been written lately in regard to re-organization that you are all familiar with every phase of the question, so that I will not consume your time further except to say that when we are thoroughly organized it will give to the medical profession a self confidence heretofore unfelt in its ability to help its members, the outside profession and the people. And when we go before legislatures asking for laws for the benefit of the profession and the masses, our demands will be given that respect to which they are entitled; and it will then be an easy matter to see that our medical laws are properly enforced. And besides the power and influence in obtaining desirable legislation and enforcing our laws, organization will elevate the standard of medicine by bringing into our societies men who are now apathetic, indifferent, or who are ignorant of the value and blessing of medical associations, and take them out of the ruts and make of them progressive men.

Tradition informs us that when King Solomon received the gift of an emerald vase from the Queen of Sheba, he filled it with an elixir, one drop of which would restore health and prolong life. When dying criminals would beg for but a single drop, he would refuse to prolong such wicked lives, and when the good and great asked for it, he would refuse to open the vase. And when at length he himself became ill, and he bade his servants bring the vase, he found that the priceless contents had all evaporated. And so with the physician. When first he enters the medical profession, he receives as a heritage from his profession

certain rights and privileges and immunities which place him at once under obligations to his profession. And when he unites with a medical association, he aids in medical organization, and it makes him more broad minded and liberal—it enables him to see his own short comings and also the ability of others. It will stimulate him to study and investigate, and he will help to unite, strengthen and elevate his profession.

But when a physician selfishly devotes his entire time to his patients, isolates himself from his brother physicians, refuses to unite with medical societies, and to contribute assistance to medical organization, he fails to discharge his obligations to his profession and is bound to get into ruts and become narrow minded and unfitted for the discharge of the duties he owes his patients. He fails to exert his influence for the elevation of his profession and for increasing its sphere of usefulness, and ultimately defeats his own ends by lessening his influence in his immediate sphere.

And yet, there are over fifteen hundred physicians today in the State of Mississippi, who are not members of any association. But being debtors to their profession, they should now be brought in and aid in the reorganization of the medical association. And then guided by just laws and enlightened public opinion our profession will mark a new page in the cause of humanity and in the annals of medicine. And I do not believe that I am too optimistic when I believe that the time is not far distant when the physicians of the entire country, realizing that "in union there is strength," will be solidly organized. And then our profession will be upheld and supported by a grateful people, and into the minds of rising generations will be instilled principles that will insure intelligent co-operation with all our efforts for the benefit of mankind. As a profession, we will receive more generous treatment: our wants will be be provided for, and our demands heeded.

Our standard will be so raised that it will not only be required of the physician that he be an educated man, but he must be temperate, sober and a Christian gentleman. And with these ends in view may our Association continue to labor, earnestly, actively and never ceasingly.

Let us work onward and work upward, and may the blessings of the Most High soothe our cares, clear our visions and crown our labors with reward.

ADDRESS OF WELCOME

TO THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

R. B. RICKETTS,

JACKSON, MISS.

Mr. President and Members of the Mississippi State Medical Association :

It has not been long since the time when a citizen of Jackson who happened to be a visitor in any other part of our state, if he heard the name of the Capital City mentioned either sought relief in flight or prepared to take the defensive, for in those days the simple mention of the name Jackson was the signal for every man within hearing who had ever been here to rise up and call her not blessed. And unless he was a very extraordinary citizen indeed he realized that he entered the discussion seriously handicapped by the weakness of his own case. In fact, many of us at least, had come to be so used to hearing our city disparagingly spoken of that we were almost ready to believe many even of the less just charges that were made. Not a few of us had got to the point where, whenever a convention of any kind met here, we felt that we must be prepared to make apologies to our visiting friends for what we had to show and offer to them.

I need not tell you, gentlemen, that this condition of affairs no longer exists. Now when you begin to speak disparagingly of our city to one even of the less enthusiastic of our citizens you must be prepared to have either the accuracy of your information or the soundness of your judgment vigorously attacked. Our attitude is no longer one of apology. Citizens of other places may think that their towns are marching at the head of the procession of municipal progress, growth and improvement but we who are so fortunate as to live here know that Jackson occupies that enviable position. I know of no other town which is so different now in every way from what it was five years ago as Jackson is; and great as has been our material not less great has been the change in the spirit of our citizens.

So it is, gentlemen, that as we give you welcome here this morning we are no longer in the uncomfortable position of the man who feels that his house is unworthy of his guest.

We count ourselves doubly fortunate when, as now, we are honored by the presence of gatherings like this, in that we can feel sure that our entertainment of you will be more nearly such as it is fitting that we should give you and such, at the same time, as shall better express to you our pleasure and satisfaction at having you with us.

The simple fact of your belonging to the medical profession should be enough to assure you of a warm welcome anywhere. This is, as we are fond of saying, a progressive age, and your profession is not by any means behind the age. For a layman to attempt to speak, except most generally, on the particular lines along which your profession has advanced would of course be presumptuous, yet it is a matter of common knowledge among men of any education that the results of the researches of some of the members of your profession have worked changes in the whole course of modern life. The mere fact of the application of anesthesia to surgical work, and the great good accomplished thereby in the way of lessening the sum of human suffering, would alone entitle the members of a profession which has brought such things to pass to the respect of all thinking men everywhere. We who live in the present age and whose experience does not go back to the times when such things were unknown, can hardly realize what even the simpler and less serious operations of the surgeon meant in the former times and under the old conditions.

The great development of the science and art of surgery, by means of which diseases formerly incurable and hurts once regarded as necessarily fatal are not only relieved but cured, assures you of recognition as among the most progressive of the representatives of modern science and skill. And you have not neglected what might appear to many to be the lesser matters, for the progress that you have made in respect to such details as the sterilization of dressings and instruments used in your work, and in general, in the way of preventing the possibility of septic conditions, presents an amount of careful study and research which most of us cannot appreciate. Your profession deserves our respect, too, for the quickness with which it has turned to account the newest discoveries of the electrical investigator and the chemist in such instances as the immediate application to the

work of your profession of the wonderful X-rays and of the later discovered Finsen rays.

I think that there has come to our notice lately no more convincing example of the reality of the progress of the world than that contained in the great work which, under the principles of modern sanitary science has been accomplished under the direction of members of your profession in the island of Cuba in ridding of yellow fever cities where that disease had flourished unchecked for time beyond the memory of man. In fact your work has robbed of most of their terrors some of the diseases which our grandfathers most feared. During the recent epidemics of yellow fever, when the low death rate was spoken of and compared with that of former times, many persons were inclined to regard the disease as of a milder type. Possibly this was true, yet it would be strange indeed if the advance of your profession in methods of treatment and the like were not entitled to a great part of the credit.

But if much has been accomplished, much yet remains to be done. There are diseases which must even to-day be regarded as truly incurable as they were four thousand years ago. It seems to me that this very fact must be full of inspiration for the practitioner of medicine. There is always a chance that any one of you, quietly pursuing some line of research, may make a discovery that will place him at once upon the honorable roll of the great benefactors of mankind, and not only do that but accomplish the greater end of bringing relief to those who had lost the hope of health or life. No work done in carrying on investigations of this kind can be counted lost. We must all admit that next to a life spent in ministering to the spiritual needs of mankind, no life is pitched upon so high a plane or has so lofty and noble a purpose as that which has for its object the relieving of the physical sufferings of humanity.

I can recall few better examples in modern times of devotion to a cause and of fortitude in the prospect of certain death than the case of Austrian surgeons who, while engaged in an investigation involving the use of the bacteria of the dreaded bubonic plague, became infected with the disease, and after having taken every possible precaution against the further spread of the plague, calmly observed their own and

each others cases, recording their discoveries and observations for the benefit of the cause to which they devoted and for which they lost their lives.

There is yet another reason, gentlemen, why your profession is entitled to be held in high esteem by all of us. It is this. There is no profession the members of which devote so much of their time and work to the relieving of the sufferings of the poor as do the physicians of our country. Who does not admire Ian Maclaren's picture of Dr. MacClure, the Physician of the Old School? With skilled and sympathetic touch he puts before us the character of a man whose life was one continuous ministration to the needs of others, whose love of his own people led him to turn away from opportunities for making himself rich and great and to give himself to the service of those whose gratitude was his only earthly reward. Yet how few of us realize that among us, known, and yet unknown, there are men, and not a few of them, whose lives are just as worthy of honor as was his. Other men may of their abundance contribute great sums to the relief of the necessities of the poverty-stricken but, if I mistake not, the man who rides over the roughest of roads throughout the coldest or hottest nights and days to attend patients from whom he knows when he sets out that he can expect nothing in the way of material reward, often to find upon his arrival at the home that he is called upon by feelings of charity to contribute of his own means to the help of his patient instead and to receive, after all, grudging thanks or none, comes far nearer the ideal of the poet in giving *himself* with his alms.

Since these things are so and since the profession which you represent stands for such things as these, it would be strange indeed if we did not feel that we were to be congratulated upon our good fortune in having you with us as its representatives.

Again, gentlemen, I assure you of our hearty welcome. We trust, not simply that your stay here may be pleasant, but that the series of discussions that it is your purpose to hold, may be worth much to you and that your convention may be in every particular a complete success.

RESPONSE TO ADDRESS OF WELCOME.

E. H. MARTIN M.D.,
CLARKSDALE, MISS.

Mr. President, Ladies and Gentlemen:

It has given me great pleasure to hear the words of welcome so eloquently uttered by the representative of the city of Jackson. Pleasure to be welcomed, and greater pleasure to be welcomed so heartily and gracefully. We thank the city of Jackson for the "Glad Hand" extended in this friendly manner, and we thank the gentleman who has just spoken for the complimentary tributes which he has so beautifully paid the medical profession.

And having said this much I should end this response. Has it ever occurred to you that the member appointed to respond to an address of welcome is like the fifth wheel of a wagon? Quite necessary, but not expected to do a full turn.

My duties remind me of the introduction of Senator Spooner by a German-American mayor up in Wisconsin. The Senator was to make a political speech, and the Mayor, with "made in Germany" stamped all over his face, had been asked to introduce him, which he did in these words:

"Ladies and Schentlemens: I asked haf been to intro-toots you to Senator Spooner, who wants to make you a speech. I have done so, unt he vill now do so."

And I have been asked to respond to this kind address of welcome, and I have now done so, and really ought to sit down.

And so I might, were the welcome extended by any other city. But Jackson cannot be passed without more than passing comment. My friend Mr. Ricketts has tossed a few boquets at this lovely city already, and had I his eloquence, I would cover her with flowers.

The strides made by Jackson since even the younger members before me began attending the meetings of this Association are wonderful. We used to feel at home here even when we had to sleep three in a bed, and now with such splendid accommodations and such real welcomings, it is doubtful if all of us get away by Saturday, even if it is in a dry county.

The word "Welcome" is written on every face I have seen in Jackson, is felt physically in every hand grasp. The trolley conductors even are gracious, and I hear they have "Welcome" over the door to the jail. I know they have invited us to the Insane Asylum and other institutions.

It is all so genuine; the people of Jackson are a wonderful people, they must be an earnest Christian people, filled with the milk of human kindness and blessed with sublime faith in their fellow man, to welcome any body of men so soon after the last Legislature has departed. They know how to turn the other cheek to Fate, and look upward with hope for better things.

I well remember my first visit to this beautiful city. A gentleman took me out for a drive and, stopping on top of a hill near the outskirts of the little town, he stood up in the buggy and pointed around at the vacant lots. "You can get any of these lots for a song, and they will be worth something some day," was his remark. I looked around at the barren hillsides and straggling fences and told him if I had to sing a song for the whole —— hill it would be "Home, Sweet Home."

To-day that hill is covered with beautiful homes, is crossed by paved streets that are sewered; the trolley cars roll over it, and any of us might be glad to be singing "Home, Sweet Home" right there. And so has everything in Jackson improved.

Without claiming any gift of prophecy I feel that I am warranted in saying that the city of Jackson, and no other place, will be called upon to welcome the Mississippi State Medical Association each succeeding year. We have enjoyed and keenly appreciated the hospitality of other places. Vicksburg has treated us royally. Meridian has entertained us with lavish hand and other places have bidden us welcome in good old Southern style. But as much as we appreciate all that they have done, Jackson will hereafter be our meeting place. Not alone on account of the joyous welcome which she gives, but naturally and by superior position.

When we were a small body of five hundred we could rely on the Old Guard, God bless the Old Guard, to go to any part of the State for a meeting. But since our reorganization has made members of all the members of every

county medical society, and these have been organized all over the State, our members will soon swell to three times our old membership. We at last really represent the medical profession of the State and should meet at the most accessible point for the greatest number, and that is the State's capital—Jackson.

And now, gentlemen, I have said quite enough for a "Response." I don't know who invented "Responses" and feel sure that whoever he was, he never made one; but I could not say enough in a week to fully represent the degree of our appreciation of the sincerity of the friendly welcome from this beautiful city, so graciously given by Mr. Ricketts. To both I say—*we thank you.*

PRESIDENT'S ADDRESS

AT THE MEETING OF THE CLARKSDALE AND SIX COUNTIES MEDICAL SOCIETY, CLARKSDALE, APRIL 6TH. 1904.

Truth and Falsehood in Medicine.

W. D. McCALIP M.D.,

CLEVELAND, MISS.

It has been the custom for years past for the member who has been selected to preside at the meetings of medical societies to open the scientific business of the annual session with some introductory remarks of a general character. These addresses are as diversified as they are entertaining.

Some treat of the science and art of medicine, others of matters relating to the advancement of the interests of the profession as a body and the increase of its usefulness in an every day practical manner. Historical subjects have formed the theme of more than one of these discourses, and he who seeks accurate knowledge relating to contemporary medicine may well turn to these addresses in which are to be found not only the erudition of the student of medical history, but also an epitome of the best works of the period in pathology and clinical medicine. I approach the subject of truth in medicine not from the point of view of scientific

method nor of metaphysic analysis, but of professional ethics. I do not ask "How can we find truth?" nor "What is truth?" but "How far should we speak the truth in dealing with our patients and colleagues or any one else? Are lies ever in place and, if so, under what conditions?"

My medical training included lectures on medical ethics but, in matters of ethics, example far more than precept was the guide. During the course the rule for truth speaking in medical matters was stated thus: when you are thinking of telling a lie, ask yourself whether it is simply and solely for the patient's benefit that you are going to tell it? If you are sure that you are acting for his good, and not your own profit, you can go ahead with a clear conscience.

The lies that the medical profession agrees in condemning are those told for professional and private gain. A magazine article representing work never performed and written solely for advertising purposes is a lie of which no one approves. The diagnosis of diphtheria when the physician knows the case is one of tonsillitis is not justified by the increased fee which his frequent visits entail; there is no disagreement of opinion among physicians about such lies as that.

The younger physician at this age has some advantage in competing with older men. The laity sometimes consider a young man more up-to-date than an older, still there are some advantages in growing old: when you don't know what is the matter with a patient you can enjoy the luxury of saying so, while a young man has to know everything, since if he says he doesn't know the patient is likely to dismiss him and send for some one who does know.

By telling the truth, I mean doing one's best to convey to another person the impression that one has about the matter in hand. One may do his best and yet fail, but that is not lying.

I was called one morning to see an old negro who had had a hard chill. I prescribed nine five-grain capsules of quinine; four the following morning and the remaining five on the morning of the second chill day. I was called to see my patient again that evening and found a marked case of cinchonism. I asked what they had been giving the old negro and his wife replied that she gave him two of those capsules every

hour like I told her to do, but that the last dose she did not have but one capsule to give him. Clearly I did not succeed in conveying my impression, yet no one could accuse me of lying. I had merited the cowboy's epitaph: "He done his damndest, angels could do no more." A true impression, not certain words literally true, is what we must try to convey. Bear in mind, then, that by truth-speaking I mean the faithful attempt to convey a true impression, and by lying an intentional deception. For the purpose of examining the matter more in detail we will consider:

1st. Truth in diagnosis.
2nd. Truth in prognosis.
3rd. Truth in treatment.

1st.—Truth in Diagnosis.

Tell the truth as far as possible, but if you are young, and not yet firmly established in practice, it will not do to let the family know that you are in doubt about a diagnosis. If you do, they will lose confidence in you and perhaps turn you out. It is not necessary to assume accurate knowledge in order to impress the patient's mind and hold his confidence.

There are cases in which the voice of duty itself seems to tell us we must lie. A husband confesses to you the sin that has resulted in disease for himself, and unfortunately he has transmitted it to his wife. Are you not justifiable in telling a lie to prevent the breaking up of a family? If the wife, suspecting something, asks you point blank what ails her husband, can you tell her the truth? Suppose you tell her a well constructed lie. If she has reached the point of suspecting her husband, what are the chances of her believing you? Are her suspicions likely to be quieted permanently? Is there not a fair chance that she knows enough of the usual custom of physicians, when placed in this position, to discount what you say? The truth in such matters very often comes to light sooner or later and, if it does, the wife is apt to let a number of persons know what kind of a trick you have played on her. Of course there are many cases in which the truth never is found out, but it is not a good thing for us, as professional men, to be living in the hope of not being found out.

2nd.—Truth in Prognosis.

It is a hard thing to tell a lie about a prognosis, we will admit, but there are cases where it is not easy to see what harm it does, when the good it does is very evident. A patient has gastric cancer; he is told that he has neuralgia of the stomach and feels greatly relieved by the re-assurance. Meantime the truth is told to his wife and she makes whatever preparations are necessary for the inevitable end. Now what harm can be done by such a lie as this? The sufferer is protected from those anticipations and forebodings which are often the worse portion of his sufferings and yet his wife, knowing the truth and thoroughly approving of the deception, is able to see that her husband's business affairs are straightened out, and to prepare as well as may be for his death? This seems a humane and sensible way to ease the patient's hard path, and who can be the worse off for it? I answer, many may be and some must be. The patient himself is saved some suffering but his wife has now acquired, if she did not already have it, a knowledge of the circumstances under which a doctor thinks it merciful and useful to lie. She will be sick herself some day, and when the doctor tells her that she is not seriously ill is she likely to believe him? In other words, we have added to the lot of one person the suffering we have spared another, we rob Peter to pay Paul, we think we can isolate a lie as we do a contagious disease and let its effects die with the occasion that brought it about. Is it not a common experience that such customs are infectious and spread far beyond our control? They beget, as a rule, not any acute indignation but rather a quiet chronic incredulity, which is stubborn in proportion as it is vitally important in a given case to get the real truth. I say that a lie saves present pain at the expense of a great future pain, and that if we saw as clearly the future harm as we see the present good we could not help from seeing that the balance is on the other side of harm. It is intellectual short-sightedness.

In my opinion, the necessity of telling the truth is a specious one. The truth works better for all concerned, not only in the long run but in relatively short spurts, and its good results are not postponed to eternity but are discernible within a short time. A straight answer to a straight question is what I recommend, not an unmasked presentation of the

facts of the patient's case. To refuse to answer questions is sometimes a necessity, and need not involve a falsehood. For example; to balk meddling inquiries by an outsider is often our business. On the other hand, if a patient's mind is already occupying itself with an exaggerated picture of the horror of an operation, an explanation of the real facts may act as a sedative.

3rd.—Truth in Treatment.

In discussing truth and falsehood in diagnosis and prognosis, I have dealt chiefly with spoken truth and spoken falsehood. In the domain of treatment, the true or false impression is often conveyed without words. I suppose every physician has used placebos, bread pills, water subcutaneously and other devices for acting upon the patient's symptoms through his mind. I doubt if there is a physician in this room who has not used them often.

If the patient knows what you are up to when you give him the bread pill it will have no effect on him. If he is a dyspeptic he must believe that you consider the medicine you gave him will act upon his stomach, and not merely upon his stomach through his mind, otherwise it will do no good. You deceive the patient and it is only when we act like quacks that our placebos work.

The majority of placebos are given because we believe the patient will not be satisfied without them. He has learned to expect a medicine for every symptom, and without it he simply wont get well. True, but who has taught him to expect a medicine for every symptom? He was not born with that expectation, he learned it from an ignorant physician who really believed it, just as he learned that pimples are a disease of the blood and that shingles will kill the patient whenever it extends around the body. It is we physicians who are responsible for perpetrating false ideas about disease and its cure. The legends are handed down through fond mothers and nurses but they originate with us, and with every placebo that we give we do our part in perpetuating error.

Here, as everywhere, experiment is the test; we should explain to the patient why he does not need a drug when there is no drug known for his trouble. It takes a little time at first, but one thorough explanation serves for many subse-

quent occasions, and when the occasion for a drug really comes, the patient has far more confidence in its results.

The habit of giving placebos has another evil result. It gives the patient indirectly a wrong idea of the way disease is produced and avoided. If symptoms can be cured by drugs it is impossible to bring to bear upon the patient the full force of that most fundamental principle of therapeutics "To remove the symptom remove the cause." One other point, when you have plucked up courage and ventured to tell the truth in hard cases you will be surprised to find how the chances and accidents of nature will back you up. Everything seems to conspire to help you out when you are telling the truth, but when you are lying there are snares and pitfalls turning up everywhere and making your path a more and more difficult one.

The technique of telling the truth is sometimes difficult, perhaps more so than that of lying, but the results make it worth acquiring.

ORIGINAL CONTRIBUTIONS.

*A CONSIDERATION OF SCARLET FEVER.

H. A. GANT M.D.,
JACKSON, MISS.

It is not the purpose of this paper to enter into a lengthy or very minute study of scarlet fever, but, rather, to bring to your consideration some salient points in order that our hygienic management of cases and the prophylaxis of the disease may be brought in accord with what seem to be more advanced ideas in regard to infection and communicability. In my own experience, scarlet fever has been a very mild disease. In a practice of more than a quarter of a century, I have never seen a fatal case, and while we have no positive statistics on the subject, I am persuaded from information obtained from reliable sources, that the death rate from the disease in Mississippi and throughout the South is exceedingly low and one can hardly appreciate the gravity of the malignant epidemics that are described in the text books of thirty and forty years ago, or of those which still occasionally occur in the Northern States. With each recurrent out-

* Read before the Section on Hygiene, Mississippi State Medical Association.

break, however, we have the usual excitement among the people, especially among anxious mothers, for no disease strikes more terror to their hearts than scarlet fever—demanding closure of schools and rigid isolation of the patients—and it has seemed to me that we have more interference with business and a greater interruption of schools than is necessary in trying to prevent a disease so lacking in fatality, and that our views in regard to the communicability of the infection might profitably be reconsidered.

When Laveran announced the fact that the plasmodium malariæ is of animal origin, protozoa occupying the lowest position in the animal kingdom as bacteria do in the vegetable, he opened up a new field of investigation to bacteriologists which promises to be as fruitful in the discovery of causation of diseases as bacteria have heretofore been. The part played in infection by animal parasites, as demonstrated by the established theories in regard to malaria and yellow fever, is of unceasing interest and is being more fully studied by bacteriologists and pathologists and will probably be the means of solving many of the intricate problems connected with infectious diseases.

As the discovery of radium in chemistry tends to upset all established opinions and to demonstrate the fallacy of the time-honored atomic theory, so a further investigation of protozoan parasites will probably revolutionize our idea of infection and do away with many of our theories in regard to transmission by fomites.

Doctor Calkin, Assistant Zoologist at Columbia University, New York, has just published a very instructive article on "*Protozoa and Disease*," in which he takes the position that in all probability the cause of scarlet fever is due to protozoan parasites, of which he says: "While there are many thousand species of free, living, harmless protozoa, there are about 500 species which live as parasites in other animals. Some of these parasites live in the cavities of animal bodies, while others—the real disease-causing forms—live in protoplasm composing the tissue and organs of man and other animals."

It is an established fact that Hæmatozoa have been found in fish, turtles, frogs, rats, camels, horses, dogs and birds; these latter are said to have malaria in both an acute and chronic form.

Dr. B. F. Mallory, of Harvard Medical School, has found protozoan bodies in the epithelial cells of the epidermis in four cases who died of scarlet fever. He says: "I wish to say that while I personally believe that these bodies are protozoa and have an etiologic relation to scarlet fever, I am far from claiming that such a relation has been proved."

One of the difficulties in controlling scarlet fever is due to the fact that physicians fail to make a diagnosis of the early cases and of the mild cases and sometimes also to the fact that even when a diagnosis is fairly well made out in their own minds they feel a reluctance towards causing excitement and alarm, and call the disease mild scarlatina—which, in the minds of the laity, is misleading as it has come to mean to them, at least, a mild type only of some other disease than scarlet fever. I do not hesitate to say that it is oftentimes difficult to make an early diagnosis, and this is a matter of the greatest concern when a case is suspected in a school or college or public institution. During the past season we have had a number of cases in Jackson. I was called to one of the large schools to see Miss R——. Found a convalescent from the disease had visited the school just a week previously and had talked to and been associated with her. Upon examination I found her with a temperature 99½ to 100½°F., pulse normal, very slight soreness and redness of the throat and with a generalized (except on the face), punctate, erythematous rash, which had made its appearance a few hours previously and which looked very much like summer heat. She was feeling perfectly well but, on account of exposure to the convalescent above mentioned, feared she had scarlet fever. The rash on the following day was not so pronounced and her temperature was 99° F., throat better. On the following day all her symptoms remained the same, but on the next day the rash had disappeared. She was kept in a room to herself and treated antiseptically, using disinfectants to the throat, and was bathed each day and anointed with three per cent. carbolated vaseline. She never had any desquamation of the skin and after being kept in the room for two weeks was allowed to return to her duties in the school room. There occurred not another case in the school. Whether she had scarlet fever or not, I am unable to say, but believe that it was one of those mild cases so hard to diagnose.

The differential diagnosis between Scarlet Fever, Rubella, Rubeola, Erythema— from drugs or other causes — Dermatitis Exfoliativa and other rashes, is often difficult indeed and Osler says that oftentimes it would puzzle Hippocrates himself to make a diagnosis when the disease is associated with Diphtheria.

I find more difficulty in making a diagnosis in cases like the one above mentioned, where the symptoms are so remarkably mild, just such cases as we formerly called Roseola, and I deplore the passing of Roseola because, since the use of this word has been confined to symptoms of specific trouble only, I am at a loss to know how to describe those affections with sore throat, characteristic eruptions, very slight fever, which cannot be called German Measles or Scarlet Fever, but seem to occupy a place a little lower than either of them.

Just one week ago to-day, I found, in the colored department of the Deaf and Dumb Institution of this place, eight children suffering from slight sore throat with injected eyes; six with a temperature 99½° F., two with temperatures running as high as 103° F., with a fine eruption on the face and upper extremities especially, which lasted only twenty-four to thirty-six hours and disappeared, leaving the children well, without any desquamation. I pronounced it German Measles, but in the negro it is so difficult to arrive at the character of an eruptive disorder, that I feel somewhat doubtful of the correctness of the diagnosis.

There are a number of points in connection with the disease that remain unsettled.

First.—The Point Of Entrance Of The Poison Into The System. It is generally held that the infecting organism is taken in through the respiratory tract, and I am inclined to the view advocated years ago by Giel, that the throat is really the point of entrance of the germ and I suggest the tonsils are the especial point of selection, offering the kind of tissue essential to the life and rapid development of the parasite. In this way it may be possible to explain the comparative immunity of adults to the disease, or, rather, the mildness of the disease when they are attacked; for my observation is that in a family affected with Scarlet Fever, adults have it about as often as children, but rarely get very sick from it, although the throat symptoms occasionally are

very pronounced. In fact, I have never known a person over thirty years of age to be seriously sick from the disease. Now it is a fact that in adult life the tonsils atrophy and are very much less sensitive than in childhood. If it be true that these glands offer the special kind of tissue for the growth of the parasite that causes the disease, then we can easily understand why it is so much more pronounced in children than in adults.

SECOND.—How Long Should A Child Be Kept From School After Having Had The Disease?

It has seemed to me that the quarantine regulations of Scarlet Fever are unnecessarily long, bearing in mind the fact that our ideas on this subject have been handed down from ante-antiseptic days. The old teachers—before the days of antiseptic management of cases—believed and taught that it was necessary to keep a child in for a month to six weeks after subsidence of the fever and convalescence had been established, according to the amount of desquamation. It is now coming to be believed that the danger of infection lies, not so much in the desquamation of the skin as in the other discharges, and especially is it necessary to look well to the throat, and where treatment has been rigidly antiseptic and the throat has been sterilized and properly treated, there can be no good reason why a child who has had the disease may not return to school after a period of ten days to two weeks from the subsidence of the fever. I beg, in this connection, to quote from the *Journal of the American Medical Association*, of April 2nd.:

"*Scarlatina.* Lauder holds that infection in this disorder is due to throat involvement and not to desquamation. In the Southampton Fever Hospital the patient is examined and a swab taken from the throat for bacteriological examination; doubtful cases are put in the observation ward and detained or sent home according to the diagnosis, the ward being disinfected immediately after their removal. Typical cases of Scarlatina are put in the 'acute room' and kept there until the acute stage is past and diphtheria is excluded. They are then removed to the general ward, where recent cases are kept apart from the convalescent ones. This is done with the mild as well as with the severest forms. If at any time aural or nasal discharges, enlarged tonsils, glands,

etc. develop, the patient is moved from the general ward to a special pavilion reserved for such complications. At the end of the third week, if free from complications, the patients are transferred from the general ward to another pavilion which has been thoroughly disinfected and to which no cases are admitted except through the out-bathing station with the same precautions as if they were discharged from the hospital. They are kept here for one week, apart from all the other patients, and the nose, throat and ears carefully douched with a disinfectant each evening after bathing. At the end of a week—that is at the end of the fourth week of the disease—they are sent home after passing the out-bathing station, without regard as to whether they are still peeling or not. After they are discharged no patients are admitted into the same pavilion until after it has been thoroughly disinfected. The general wards are thoroughly disinfected at least once a month. These methods have not only freed them from the occurrence of albuminuria, enlarged glands, discharges of the nose and ears, but have reduced the duration of the fever and the periods which the patient had to be kept in bed and left them during the year without a single case of post-scarlatinal diphtheria or relapse. He gives a tabulated analysis of cases and brief accounts of a few."

THIRD.—Another point in connection with Scarlet Fever is whether there is really any such disease as surgical or puerperal Scarlatina.

Many eminent authorities hold that these are only different forms of streptococcic infection. Did time permit, it would be well to consider whether physicians ever convey the disease to obstetric patients. My experience inclines me to believe that, with ordinary care in disinfecting the hands and person, the physician may be attending Scarlet Fever and at the same time obstetric cases, without danger of conveying the disease to the latter.

*SORDES: ITS CAUSE AND PREVENTION.

J. A. TABOR M.D.,
SCRANTON, MISS.

During the discussion of a paper on Typhoid Fever (by Dr. Harry) read before the last meeting of this Association, I had occasion to quote Dr. J. B. Elliott as follows: "Sordes on the teeth and tongue are symptoms of starvation pure and simple."

The above quotation brought on considerable discussion.

After adjournment several of the members suggested that, as I had been appointed to write a paper (the subject to be of my own choosing) to be read at the next meeting of the Association, I take up the subject of Sordes and its relation to starvation. Therefore this paper, in which I try to substantiate my previous arguments.

Osler in his latest edition on Practice, under the head of Digestive System (in typhoid fever) states: "The tongue presents the changes *inevitable* in a prolonged fever, but there are no distinctive characters. In severe cases, particularly those with delirium, the tongue becomes very dry, partly owing to the fact that such patients breathe with the mouth open. It may be covered with a brown or brownish black fur or with crusts, between which are cracks and fissures. In these cases the teeth and lips may be covered with a dark brownish matter called *sordes*—a mixture of food, epithelial debris and micro-organisms. By keeping the mouth and tongue clean from the outset, the fissures, which are extremely painful, may be prevented. During convalescence the tongue gradually becomes clean and the fur is thrown off, either insensibly or occasionally in flakes."

The above, under the head of Digestive System, laying stress upon cleansing of the tongue and mouth from outset, is followed by a dietary restricted almost exclusively to milk diluted with lime water.

Dr. J. B. Elliott of New Orleans (Prof. of Practice of Medicine, Tulane Medical Department) says, "Sordes on teeth and tongue are symptoms of no particular disease, but are to be found accompanying any fever of long duration, when improperly nourished, and are symptoms of star-

*Read before the Jackson County Medical Society.

vation," which theory he has proven by practical demonstrations in the wards of the Charity Hospital.

Sordes defined: filth of any kind.

In mouth and on teeth, sordes consists of epithelial tissue, particles of dust taken in by breathing with open mouth, micro-organisms and anything taken in by the mouth, such as nourishment, medicine, etc. So much for its constituent parts. Why such an accumulation? In good health this accumulation never takes place, owing to the fact that the glandular secretions constantly flowing into the mouth perform their duty, which is to keep the mouth moist, insalivate and prepare food for deglutition, and furthermore to collect all filth, *i.e.* particles of food, germs, atmospheric dust, etc., all of which is either swallowed or expectorated. Stop these normal secretions and sordes will develop.

We all look to the tongue for the first indications of torpidity of the liver. Why? Because we know that the suppression of liver functioning is followed by a similar action in all the other glands of the system to a greater or less degree, that of the mouth in particular, therefore the first symptom is an accumulation of filth upon the tongue, forming a coat, varying in color from a light gray to a dark brown, all this owing to a partial suppression of glandular secretion of mouth and tongue, the absence of which affords filth an opportunity to collect, just as it will upon any ill drained street or alley.

Why this glandular suppression? We must necessarily look to the digestive tract, for when foods are improperly digested it follows that absorption cannot take place, which means lack of nutrition and lack of nutrition means starvation and starvation lowers the standard of the blood. Blood being essential to tissue life, poor quality of blood gives us a like quality of tissue. The blood and tissue deteriorate uniformly and, when the retrogression continues, give us emaciation and anemia.

This deterioration takes place in all the tissues of the body, from the highest to the lowest, and the glandular system being composed of the various tissues, more especially that of the highest, its most marked effect is shown there.

Furthermore, where only partial digestion takes place we are confronted with one of two conditions, diarrhœa or constipation; diarrhœa draining the arterial and venous sys-

tems of a greater portion of their fluids, thereby decreasing its vitalizing properties by giving us a sluggish circulation, whereas constipation gives us an absorption of ptomaines formed in the intestinal tract, which again devitalizes the blood, this time by destroying the oxygen-carrying properties of the blood necessary for the proper nutrition of tissue or cell life. Therefore: either of these conditions are detrimental in either health or disease.

We will now take up the cause of this indigestion. Digestion, in both stomach and intestinal tract, is carried on by the several digestive juices, aided by mechanical means, such as the churning process of the stomach and the peristaltic process of the intestinal canal, which at the same time aids absorption. Taking for granted that the mechanical process remains intact, we will have to look to the glands of this digestive system for the cause. These glands, all of which are secreting and excreting the various secretions essential to proper digestion, when composed of a low grade of tissue must necessarily possess a low grade of functioning and produce secretions lowered in the same proportion. The nervous system, being essential to all parts of the body and more especially to functioning organs, when impaired by an abnormal blood which owes its abnormalities to the fermentative process of germ life, thereby extracting certain elements of the blood necessary for cell life (the first symptom of which is fever), is responsible for this lowered condition, which can be lowered still farther by improper nourishment, producing indigestion, diarrhea or constipation and a systemic starvation. For example: If beginning with fever, we administer solid diet, which will produce indigestion on account of the lack of digestive juices and which followed by non-absorption gives us constipation and starvation, constipation contaminating the blood with ptomaines, we therefore, have two forces acting towards the production of low grade blood, poor in nourishment as well as in its oxygen carrying properties. This low grade blood gives a low grade tissue, which will first show itself in the functioning organs, they being of complex composition and dependent upon the nervous tissue, which being of the highest order is first to succumb, giving us a lowered or suppressed functioning power. During this condition the glands show it by an accumulation of fur upon the tongue, which, if carried still farther, will develop sordes

on teeth, for reasons explained above. To clear up the same or, better still, to prevent such a condition, should be our aim. And how? Simply by assisting nature. Help nature by nourishment and stimulation, help to open the secretions so that nature may absorb the maximum amount of nutritive properties and at the same time throw off the effete matter, which if not thrown off helps to drag the condition still lower, continuing downward until that level is reached where nature, unable to reassert herself, succumbs.

Nature's tendency is to build up and elevate tissue to a higher grade, whereas disease destroys the vital properties of tissues and drags them to the lower grade. How often we see the human system dragged down so that we cannot get a response to drugs administered and, after giving up all hope of saving our patient, we see a sudden change and convalescence sets in. What has happened? Nature, by a supreme effort (which in many cases costs the patient's life) reasserts herself and vanquishes the foe which had dragged her from the highest to the lowest plane and from there on begins to gradually build up to normal conditions. Such are the cases in which we see sordes on teeth and lips, the throwing off of which begins when convalescence sets in. Therefore, our duty is to assist this natural process by proper nourishment and stimulation, by using stimulants the action of which we are positive. For it were far better to dispense with drugs entirely and properly nourish than to administer specific drugs and at the same time improperly nourish.

In conclusion I will say that many of my colleagues will cite instances where patients have developed sordes when put on a strictly milk or other liquid diet. True, but again I contend that it is still due to starvation. Change the diet; for the idiosyncrasy of man is variable in health, why not in disease?

Therefore until we have found the ideal diet for the individual patient we are helping on the process of starvation.

The same can be said of stimulation, for to over-stimulate is equally as bad as an insufficient stimulation; in the latter we have a surplus to be consumed, whereas in the former we have an excess consumed, working detriment in either case.

Summary:—study the individual patient in regard to diet and stimulation, and do not be guided by what has done good for another, except to try the same and either prove or

disprove it as we would the diet of an infant deprived of its mother's milk. How well do we all know that the life of an infant depends on proper diet, and how we all strive to replace that article which nature has prepared for its maintenance and at the same time deprived it of, changing from one diet to another until we finally find one which agrees with the idiosyncrasies of the infant. Such should be our dealings with adult patients; treat them as infants in so far as nourishment is concerned, and when we find the ideal diet in the individual case then the chances for development of sordes will have become *nil.*

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*CAPILLARY BRONCHITIS.

E. FORREST HAYDEN M.D.

SHAW, MISS.

When our attention is called to the term Capillary Bronchitis, there is immediately produced a mental picture of a normal human lung, perfect in all of its anatomy, relations and physiological purposes. We think of the lung in connection with this disease because it is the seat of its choice, as we would in the instance of any other organ of the human economy and its corresponding maladies. We are forced to follow this picture, however, by another which is a kind of panorama of the numerous and varied pathological conditions wrought in the healthy lung by this one of the most formidable of human foes, Capillary Bronchitis, or its congener, Broncho-Pneumonia, and it is the later term which seems to serve most completely our purpose in regard to what we wish to bring forth on this subject.

In the past we have considered Capillary Bronchitis a disease peculiar to the extremes of life, affecting the very young or the very old, complicating in many instances the acute eruptive fevers of early childhood or as a precursory attack to tuberculosis in the old. When it does occur as a sequel to any of the acute diseases, like measles, diptheria or whooping-cough, the prognosis necessarily becomes all the more grave. Capillary Bronchitis, as a disease, comes between the diseases of the gross anatomy of the lung, very frequently of a mild character, and the diseases of the very

*Read before the Clarksdale and Six Counties Medical Society.

minute anatomy, embracing, in every instance, conditions more or less serious in their nature. By election it attacks the lung tissue, or rather the small capillary bronchi, at a point where we are likely to observe the last vestige of cartilaginous substance, which is found in the very small tubes of probably 1-50 of an inch in diameter or even smaller. Beyond this point it disappears altogether. Here the ciliated epithelium is more scantily distributed, finally disappearing in the infundibulæ, leaving only the flattened epithelium composed of flattened cells which line the minute polyhedral recesses called air sacs, 1-250 of an inch in diameter, almost too small to be conceived of as containing atmosphere, to say nothing of their ability to extract from it the life-giving principle of the blood and to give it in return those substances so poisonous to the human system. Other changes in the histological elements of the bronchi are quite important in the consideration of this disease; the muscular layers are materially changed; the non-striated layer is practically lost; the inner layer of the fibrous tissue disappears, leaving the external layer of fibrous tissue which has been deprived of a large number of its mucous glands to perform all the work of this portion of the lung. Capillary Bronchitis invariably is secondary to some other disease as a result of inflammation from contiguous structures and travels by continuity. We may start with a simple coryza, which becomes a little more deeply seated, resulting in an acute bronchitis with an inflamed and swollen condition of the mucous membrane of the large bronchi, causing the patient considerable uneasiness and some pain, but this state is of limited duration and is usually accompanied by very little rise of temperature.

This brings us to the capillary bronchial tubes, the locality of the lung under consideration, and it is due altogether to the histological make-up of the bronchi. At this point the identity of the disease is established. At the onset, from whatever cause the disease may have had its origin, there is a decided thickening of the mucous membrane; the blood current is slowed; and at points blood will extravasate from the darkened and highly inflamed membrane; the underlying fibrous and muscular tissues are thrown into a state of contraction, thereby lessening the already small caliber of the tube and causing an obstruction past which it is with great

difficulty that the patient draws enough oxygen for actual sustenance and necessitating rapid and superficial breathing with exaggerated efforts of the voluntary muscles of respiration, dilatation of the alae nasae and relaxation of the lower chest walls. The face, at first flushed, soon becomes cyanosed and pinched, the lips are pale and eyes anxious as a result of carbonic acid poisoning. Auscultation will reveal distinct sibilant rales, probably more pronounced on the posterior aspect of the lung. In this stage the vocal fremitus is very little changed, and not until the stage of atelectasis takes place does the vocal fremitus become apparent. From this stage of active dry inflammation the disease gradually passes to a secretory period in which the reddened dry mucous membrane begins to pour out more or less mucous, and at times to such an extent as to amount to a very troublesome bronchorrhœa. It is this pathological phase of the disease in its second stage that adds so much to the gravity of the symptoms, especially in a very young patient where the bronchi become filled with a tenacious mucous forming an impregnable column through which the little sufferer can bring no oxygen for relief. Adults do not experience the same difficulties under similar circumstances for reasons easily recognized.

Among the first observations to be made when we approach a sufferer of this kind is the embarrassed respiration and the coolness of the extremities, caused by the temporary emptying of the blood into the lung and by the effort on the part of nature to establish its equilibrium. The same symptoms are also true of other localized congestions; such as ovaritis, metritis, &c.

The treatment of Capillary Bronchitis naturally resolves itself into the consideration of those symptoms which serve as an index to the above-mentioned pathology. One of the first steps to be taken is to see to the comfort of the patient by arranging the room, bedding and wearing apparel, which very frequently has to be changed out and out. See that a properly fitting pneumonia jacket is supplied, which should be well lined with cotton and covered with oiled silk if thought necessary. Some use poultices, but they are both filthy and inconvenient. A hot water bottle will fulfill every need and can easily be arranged for and supplies sufficient heat and counter-irritation. A hot water bottle should be placed to

the feet also, in order that the circulation may be invited back to the extremities. The embarrassed respiration which is at first enhanced by the extremely dry condition of the respiratory tract, is relieved by steam, either medicated or simple according to the indication. The temperature of the bed-chamber should be kept at about 65° F.—and at sufcient humidity.

The emunctories should be aroused at the onset by administering a combination of calomel, cascara and ipecac, and strychnine sufficient to produce contraction of the muscular coat of the bowel. After the primary elimination has been attended to, the bowel should be kept in a laxative condition. If the kidneys show signs of inactivity and the urine is scant and becomes loaded with solids, a proper diuretic should be given, the character of which depends upon the acidity or alkalinity of the urine.

It is always necessary to instruct the nurse or the member of the family in attendance as to the importance of absolute quietude and that children deserve quite as much or more consideration in this respect than adults because of the delicacy of their nervous system and their susceptibility to shock and the need of preserving their strength for recuperation.

The question of fever may not be a serious symptom unless the disease extends well into the lobule, when it will become suddenly high. A moderate degree of fever is no bad indication but rather a good one, and is indicative of good reactionary powers on the part of the patient. A fever less than 102° F. will do no material harm, but as the degrees begin to enumerate the question arises as to what methods shall be used to control it and what will be the safest and best antipyretic. If the pulse is rapid and out of proportion to the degree of fever, veratrum is indicated but the administration must be guarded otherwise the heart will soon become weakened and venous stasis will occur from the emptying of the blood into the venous system.

A great deal might be said in reference to the coal tar products and their effects in the treatment of the diseases of the lungs, and as to whether they act as depressants or whether they are physologically indicated. There seems to be no scientific reason assigned as to why they may not be judiciously used. Aconite acts similarly to veratrum but is a respiratory depressant. The liquifaction and expulsion of the mucous should be promoted by the use of anodyne expectorants.

* PROPHYLAXIS OF ENTERIC FEVER.

H. M. FOLKES M.D.,
BILOXI, MISS.

In view of the rapid and wide spread dissemination of Typhoidal Fevers, it seems to me that the profession should ask itself if we are doing all in our power to check the ravages of this disease.

When this question is reduced to a personal basis, I regret to say that my conscience tells me that I, too, am wanting.

A proper understanding of this paper is to be had by considering the points involved in preventing the spread of a catching disease.

First is the matter of diagnosis. Right here is where begins the great difficulty from the standpoint of the health officer, who is but too well aware of the fact that, an unrecognized case may infect an entire community. *It is absolutely imperative that each and every case of fever of three days duration, which has resisted cinchonising, and in which the diagnosis is not perfectly apparent, should be viewed with suspicion;* not necessarily as being typhoid, but simply on the grounds of safety.

It is needless to recapitulate the pros and cons of a typhoid diagnosis, for I have no patience with a hair splitting diagnosis which will busy itself so completely in its own ostrichlike self as to permit a widespread scattering of disease.

Do not think that I in the slightest degree advocate slipshod diagnosis, but these finer points of shade lines in disease should left to the laboratory, while those of us engaged in plain every day practice should do all in our power to keep people well with the lights before us. Our medical journals are filled with papers on the various forms of continued fevers having all kinds of names from X fever to Paratyphoid, but they are all catching, and they sometimes kill.

After the question of diagnosis comes that of the methods of spreading, and here we find our field a broad one, for while we are reasonably certain that our supposed avenues of infection are true ones, yet at times we are almost compelled to believe in an entrance through respiratory channels.

Since the Spanish-American war, typhoid fever has become more widespread than ever before in this country, and

* Read before the Section on Hygiene, Mississippi State Medical Association.

if we study the history of that disease during the war period, the reason will be perfectly plain; namely, incorrect diagnosis and failure to disinfect. If we learned anything of value from that war, we certainly learned that flies were active and dangerous carriers of the infection, and also that we doctors were woefully ignorant in diagnosing typhoid fever, as nearly one-third of the cases were incorrectly diagnosed at first by army surgeons.

To the best of our present day knowledge, infection leaves the body through feces, urine, sputum and vomit. Now it would seem so simple to destroy these excretions and thus prevent further infection, that we are compelled to accept one of two or three hypotheses to account for it's nonperformance; these being failure to diagnose, or ignorance as to what such failure means, or carelessness in not disinfecting, or not disinfecting at all.

Some figures from the recent epidemic at Butler, Pa., are especially instructive as bearing upon the foregoing. Ten per cent. of the nurses employed in that stricken community acquired the disease. The fact that such an occurrence took place shows one of two things; either failure to conform to the essential points, diagnosis and disinfection, or else a channel of communication which we have not as yet fully demonstrated, such for instance as the respiratory apparatus. I must confess however that, in my opinion, the most probable cause was pure unadulterated carelessness in disinfection.

It is certainly a source of profound amazement to me that such cities as Philadelphia and Pittsburg, the first the oldest seat of medical learning in the country, the other one of the wealthiest cities we have, are both recognised centers of typhoid infection.

Think for a moment what is meant by a typhoid center. It is a place, every visitor to which is liable to become infected, and being thus infected becomes a source of danger to every person in his or her community.

For the week ending March 5th. 1904, there has been reported one hundred and ninety-five new cases in Philadelphia, and the chances are that fully twenty-five per cent. more originated but were called by some other name.

Typhoid fever causes more deaths and financial loss in this country in one month than would an entire summer of

yellow fever, except possibly in the matter of quarantine and migration in the latter.

The health officials of these infected cities have advised that all drinking water be boiled, which so far as it goes is very good, but we must bear in mind that there are other channels by means of which the infection enters the system, namely, uncooked vegetables, or fruits of almost all kinds, food prepared at a point near a typhoid case in which the excreta has not been disinfected, shell fish, oysters and milk.

Vaughn claims that dust also conveys the infection, and there can be no doubt but that this is possible.

Now Gentlemen, it is our solemn duty to our clientele, neighbors and friends to see that each and every case of typhoid is diagnosed and treated as such, and that every precaution known to science is thoroughly carried out in disinfecting the excreta.

To the best of my ability I pursue the following plan at present in handling a case of typhoidal fever: Put patient in room having screened windows, doors and transoms—or else use a mosquito bar; remove all draperies, carpets, rugs, mattings, etc.; permit no article, except such as would be injured thereby, to leave the room without first having been immersed for thirty minutes in an acid solution of mercuric chloride, 1-500; burn all remnants of food, drink, or medicine; require nurse to wash hands with biniodid soap after each contact with patient; disinfect *at once* every particle of feces, urine, sputum or vomit with the acid solution of mercury; on recovery or death of patient, room should be disinfected by washing thoroughly with same solution of mercury, and by burning sulphur, 6 lbs. to 1000 cu. ft. And as a final point, bear in mind that, for six weeks or more after return to normal temperature, the urine is apt to be loaded with typhoid bacilli, so impress upon the patient that he is liable to infect some other person unless he is careful to either disinfect his urine, or else to be sure that it goes to a place from which infection cannot be borne.

"DIAGNOSE AND DISINFECT.

According to a special dispatch to the New York Press the officers of the Philadelphia Board of Health are greatly alarmed about a new outbreak of typhoid fever in that city. Up to noon last Friday 325 new cases were reported for the

week. The highest number for any previous week this year was 195. Since January 1 a total of 2,036 cases have been reported. Beyond blaming the water supply and possibly defective drainage in certain parts of the city, Dr. Andrew A. Cairns, Chief Medical Inspector, said the Bureau of Health was at a loss to account for the extraordinary spread of the disease. The total number of cases of typhoid fever in the city in 1903 was 8,700 and, notwithstanding the efforts of the health officers to lessen this number and the fact that a portion of the city is supplied with filtered water, the number of cases this year promises to exceed that of last year."

COUNTY SOCIETIES.

Claiborne–Jefferson County Medical Society. On April 15th. several of the physicians of Claiborne and Jefferson met at Hermanville and organized the "Claiborne–Jefferson Medical Society" J. C. McNair was made president and D. W. Jones secretary. Other officers are: W. P. Hughes, vice-president; R. T. Davis, treasurer; J. F. McCaleb, C. L. Simmons and A. M. Davis, Board of Censors. E. P. Jones was elected as the member of the House of Delegates of the state association. Others enrolled are: G. W. Acker, E. D. Barron, R. A. Segrest, of Claiborne; and L. R. Harrison, J. G. Lilly, J. H. Carradine, of Jefferson.

The association will meet quarterly, alternately in Jefferson and Claiborne. Next meeting will be at Fayette, on Friday, July 1st. Program will be published later.

Clarksdale and Six Counties Medical Society met April 6th., President W. D. McCalip of Cleveland in the chair. Minutes of previous meeting were read and approved. Treasurer's report was read, showing balance of $274.35 in the treasury, and was approved by the Auditing Committee: Drs. L. D. Harrison and J. M. Mathis. Secretary's report showed 91 members paid up, 3 unpaid and 39 non-members in the Society's jurisdiction. The physicians in Bolivar county on the Riverside Division of the Y. & M. V. R. R., 11 in number, were transferred to jurisdiction of Washington County Medical Society, as were also the ten in Sunflower county on the Southern Railway. The 9 physicians in the eastern part of Tallahatchie county were transferred to the jurisdiction of the Grenada County Medical Society. Of the 30 physicians so transferred, 11 were members and 19 were non-members, leaving but 20 non-members in the jurisdiction of this Society.

Dr. S. W. Glass of Dublin, read a paper on "The Intestinal Disorders of Childhood," which was generally discussed.

This was followed by a paper by Dr. H. X. Richardson of Dundee, entitled—"Are We True To Each Other And Ourselves." The discussion following this paper was very interesting and at times amusing.

Dr. E. Forrest Hayden of Shaw read a paper on "Capillary Bronchitis."* The discussion, which was opened by Dr. J. W. Gray, Jr. of Clarksdale, was very interesting and profitable and quite lengthy.

On motion, the President's address * was made the next order of business. It was delivered by President McCalip and was impressive in its earnestness, the subject being "Truth And Falsehood In Medicine." On motion, it was generally discussed, the concensus of opinion being that the physician should be as careful in the use of the Truth as in the exhibition of any remedy, and that it should be administered in doses to suit the case.

The Society then adjourned to the Alcazar Hotel where two hours of banquetting ensued. The large dining room of the hotel was turned over to the physicians and care was forgotten for a time.

The evening session was called to order by Vice-president L. L. Minor of Hollywood.

Dr. H. L. Sutherland of Rosedale reported "A Case Of Gonorrhœal Endocarditis." Discussion was opened by Dr. J. E. Bramlett of Clarksdale. During the discussion the value of the silver preparations by inunction was brought out.

A paper by Dr. W. H. Harrison of Tutwiler, on "The Radical Cure Of Inguinal Hernia" was read and generally discussed. Discussion opened by Dr. J. J. Slack of Friars Point.

On motion, the Society proceeded to elect the following named members as alternates to the regular delegates to the House of Delegates of the Mississippi State Medical Association:

M. J. Alexander for Tunica, J. W. Gray Jr. for Coahoma, W. H. Harrison for Tallahatchie, T. D. Allen for Sunflower, H. L. Sutherland for Bolivar, J. B. Stone for Quitman.

After transaction of routine business the Society adjourned until the next regular meeting.

E. H. Martin, Sec'y.

Copiah County Medical Society. Pursuant to call by Dr. O. B. Quin, councillor for the State Medical Association, there was a meeting of physicians of Copiah county at Hazlehurst on February 11th. for the purpose of organizing a county medical society, At this meeting the following officers were elected to serve for the present year: Rob't. E. Jones president, A. B. Pitts vice-president, J. M. Catchings

* Which appears in this issue.

treasurer and J. A. Rowan secretary. The organization was completed on the first day of March with a good membership. We had a very enthusiastic meeting on April 5th, there being much interest manifested on the part of every physician present. Our membership now reaches twenty, and in a short time we hope to see every regular practitioner in the county enlisted in the good work.

J. A. Rowan, Sec'y.

Pearl River–Marion County Medical Society met at Lumberton April 13th. House called to order by president. No regular program. Report of Society to State Medical Association read. Report of malignant type of Dysentery, which is epidemic in Poplarville, by Drs. Nimocks and Hunnicutt, discussed with report of cases by Drs. Polk, Thompson and McKinnon. Clinic with full report of case of Cerebral Compression by Dr. O. A. Johnston.

O. A. Johnston, Sec'y.

Warren County Medical Society met April 12th. Dr. H. H. Haralson, the essayist of the evening, reported a case of a woman who having had fourteen pregnancies had produced but three living children, seven having been dead at term.

M. H. Bell, Sec'y.

Washington County Medical Society met in City Hall, Greenville, Miss., March 31st. 1904, President E. A. Cheek presiding. On roll call the following members answered to their names: A. G. Payne, Greenville; T. L. Dobson, Leland; J. D. Smythe, Greenville; A. S. Lee, Foote; W. L. Howard, Greenville; E. P. Odeneal, Greenville; O. W. Stone, Greenville; T. F. Wilson, Arcola; E. L. Williams, Winterville; J. T. Gunter, Isola; S. R. Dunn, Greenville; R. S. Toombs, Greenville; J. F. McLean, Belzonia; E. H. Martin, Clarksdale.

Mayor Wm. Yerger was introduced and delivered an address of welcome.

President E. A. Cheek then read his address.

Original papers were presented by the following: W. L. Howard, Greenville, Variola; A. S. Lee, Foote, Hæmaturia.

All physicians present joined in the discussion of the papers and respective subjects and many interesting points were brought out.

First Wednesday in May was fixed as the next date of meeting and Drs. J. D. Smythe and T. F. Wilson were appointed to present essays.

The Society then adjourned, and all present repaired to the Cowan Hotel where they partook of a sumptuous dinner.

M. O. Shivers, Sec'y.

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Among the changes made at the recent meeting of the Association, not the least was the adoption of an official organ. As this was done on the last day of the meeting, after the departure of quite a number of the members, a word of explanation concerning this step will not be amiss.

It was strongly argued by one of the councillors that organization cannot be perfected unless there is some method by which the members can be reached at any and all times, that the annual meeting is but the culmination of the year's work and that without some general method of communication this work cannot be satisfactorily done. This being the general opinion, an arrangement was made by which the "*Mississippi Medical Record*" became the "*Journal of the Mississippi State Medical Association*," the title remaining with the management of the old journal which is discontinued from date under its old name and hoists the flag of the Association. The *Journal* will be sent to every member of the Association without extra expense to the individual, the Association foots the bill. It will be run as an Association journal, pure and simple, and the management requests the members to give it their assistance in the collecting of news. As part and parcel of the Association, the *Journal* is entitled to the support of every member and all should take an active interest in its upbuilding.

We regret that owing to the fact that some little time is needed to get the minutes of the meeting into form suitable for publication, we are not able to produce them this issue. We hope, however, that in our next issue the members will have laid before them the entire business transactions, both of the general meetings and of the House of Delegates and, thanks to Dr. J. W. Barksdale, in more complete form than ever before.

It is impossible to permit the address of President Mitchell, which appears elsewhere in this issue, to pass without comment. Dr. Mitchell is of that class of men who bring into their everyday lives, into the least of their undertakings, the full measure of their ability and this address gives a most excellent idea of the subjects that have had his attention during the past year. It should be carefully studied by every member of the Association, each of whom will find in it some personal application.

It is with a feeling of personal pleasure that we learn that the fire that recently destroyed the buildings of the Biloxi Sanatorium did not put an end to that institution. With characteristic energy Dr. Folkes removed his patients to his own house, which he vacated for the purpose and in which he is doing the same class of work as formerly, though necessarily on a more limited scale. In the mean time he is not idle in other directions and by October 1st. new and better buildings will replace those destroyed and the Sanitarium, risen like a Phœnix from its ashes, will reopen with even fuller and finer equipment than formerly.

BOOK REVIEWS,

Manual of Clinical Microscopy and Chemistry, prepared for the use of Students and Practitioners of Medicine. By Dr. Hermann Lenhartz, Professor of Medicine and Director of Hospital at Hamburg, etc. Authorized Translation from the Fourth and Last German Edition, with Notes and Additions, by Henry T. Brooks M. D., Professor of Histology and Pathology, at the New York Post-Graduate Medical School and Hospital; Member of the New York Academy of Medicine, etc. With 148 Illustrations in the Text and 9 Colored Plates. Pages xxxii–412, Octavo. Bound in Extra Cloth. Price, $3.00, net. F. A. Davis Company, Publishers, 1914–16 Cherry Street, Philadelphia, Pa.

Germans as a race are so peculiarly adapted for laboratory work, are so painstaking and careful of details, that we are not surprised at the exactness of this book. Preeminently a manual for students, it will be found a valuable book of reference for practitioners who do not make such studies their daily routine.

The introduction describes the microscope, its manipulations and the reagents necessary in its use. The animal and vegetable parasites are studied in detail. There is a discussion of the blood in health and in disease, the changes found in many conditions being noted.

The urine receives careful and lengthy consideration, the chemical examinations and tests being given in considerable detail. The examinations of sputum, dejecta and secretions of the breasts and vagina are described and the final chapter, on examinations of aspirated fluids, adds the finishing touch to a very complete and admirable work. The presswork is excellent and a large number of beautiful illustrations adds to both its attractiveness and usefulness.

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ORIGINAL CONTRIBUTIONS.

*SUMMER DIARRHŒA OF CHILDREN.

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I do not claim originality for all I shall write in this paper, but I claim that my own observation and the present trend of medical thought is in accord with the views herein expressed. It is still the conviction of many practitioners of our noble art, and a majority of the old matrons of the country, that the eruption of the teeth in children is the source of all gastro-intestinal troubles, and we often hear the remark that "as soon as dentition is complete, the child will recover" from the ailment that affects it. This theory has been transmitted by tradition, and was born in the humors of the blood and the mist which befogged the brain of the ancient disciple of Esculapius, who carried in his pocket the ever ready lance with which to scarify the delicate and inoffensive gums of his tender victim. When we think of the barbarism of the practice in the light of our present knowledge, we can but wonder that the human race has been perpetuated. As I have said, even to-day, we have the echoes of it in the practice of many a physician to cover his ignorance and place him in the good graces of the old grandmother who firmly believes it. How many cases of entero-colitis, gastro-enteritis and even cholera-infantum might have been successfully treated had the truth only been recognized.

This form of diarrhœa occurs and is prevalent in summer. It occurs regularly each season and to a greater extent

*Read before the Mississippi State Medical Association.

in large cities than in the rural districts. The lesions in the intestines are slight, amounting in most cases to a superficial catarrhal inflammation, often bearing no relation to the severity of the symptoms which are due mainly to the absorption of toxic material, the result of putrefactive changes in the intestinal canal. This form of diarrhœa may follow closely on an attack of acute indigestion, in which it very often has its beginning. When the infection is of sufficient intensity and duration, it leads to the development of marked structural changes in the intestines, especially in the lower ileum and colon. Thus acute gastro-enteric intoxication stands midway between acute indigestion and ileo-colitis.

Among the causes of gastro-enteric intoxication are to be mentioned, first, those which give rise to acute indigestion, and, secondly, the general factors mentioned as predisposing to all forms of diarrhœal disease—age, surroundings, constitution, food and methods of feeding. The most striking peculiarity about these cases is their prevalence during hot weather; hence this feature demands closer examination. While varieties of diarrhæa are more frequent in summer, it is the form under consideration which is especially prevalent. Year after year epidemics occur in all the large cities, beginning in June and increasing in severity until July and then gradually diminishing during August and September. An average minimum temperature of 61 degrees is necessary to start an epidemic. This may hold good in the cities but in the country conditions are different—better surroundings, generally speaking, and less unsanitary conditions suitable for bacterial development. The consensus of opinion is that humidity and rainfall do not influence either its prevalence or its mortality.

The action of heat was formerly looked upon as a direct one. There is no doubt that the constitutional depression produced by high temperature may seriously interfere with digestion, and that sometimes the thirst which excessive perspiration produces may lead to the giving of too much food, which may also be a cause of indigestion. While this explanation may be satisfactory in a small proportion of cases, it is not adequate for the great majority. The view almost universally held at the present time regarding summer diarrhœa is that it is of infectious origin. The ground for

this opinion is briefly as follows: a certain temperature is required which is the same as that at which the growth of bacteria begins to be very active, and the disease prevails to the extent to which other food than breast milk is given to children, effecting infants after weaning and those younger who are wholly or partly fed on cows milk or who are not nursed. Cows milk in summer contains an enormous amount of bacteria which increases in proportion to the age of the milk. Sterilization by boiling, while it destroys the bacteria, does not affect the toxines which are the result of their presence and for this reason we have two or more sources of infection: the bacteria introduced through the medium of the milk and, finding suitable soil for further development, overcome the normal powers of resistance, or the toxines in the milk acting as a direct poison. Upon the virulence of the poison depends the severity of the attack and the mortality.

Under the circumstances and in view of these facts the treatment of these conditions should suggest itself at once. The most important measures are those looking to prevention. The exercise of common sense principles on the part of mothers would go a long way to this end. I am speaking of the country districts now and while the remedy of unsanitary surroundings in the cities lies with the Boards of Health, in the country this matter is in the hands of the heads of families. Cleanliness is essential to health under all conditions. It is just as easy to keep the home surrounded by these safeguards as to neglect the precautions and subject the children to all the dangers which attend the surroundings productive of bacterial development. Pure water is the first consideration. The use of surface water is to be deplored. Here is, in a majority of instances, the source of infection. Infected water means infected milk. The infection need not originate in the milk, possibly the milk may be pure and harmless, but when the vessels used as containers are washed in this infected water and the infant given his daily bath in the same poisonous fluid, is it a wonder that we have all the attendant symptoms of bacterial poisoning? Sterilization of all containers, placing the milk in cool and cleanly closets and the proper cleansing of the

hands when handling the bottles and nipples will accomplish much in the way of protection.

When sanitary measures have been neglected and the disease makes its appearance the question presents itself: what are we to do to tide the little patient over his troubles and restore him to health and strength? Hyper-medication is to be condemned. The administration of numerous and nauseous drugs finds no place in the treatment of children. The conservation of the strength of the little sufferer should command the first place. The administration of one-twentieth grain of calomel, one-fortieth grain of ipecac, salol one-half grain and sugar of milk one grain, administered every half hour for four hours, followed by castor oil to clean out the intestinal canal, should be the first step in the treatment. The castor oil should be repeated if the desired result is not obtained by the first dose. After all source of local trouble has been removed the administration of an antiseptic with soothing and sedative agents to relieve the irritation and quiet the patient should be used. A combination composed of the following ingredients has acted well in my practice: Glycothymoline, two drams; Bismuth Subnitrate, two drams; Tr. Opii Camphorated, one dram; Elixir Lactated Pepsin, two and one-half drams; Mucilage Aqua Cinnamomi q. s. ad. two ounces. This can be given every two or three hours until some relief is obtained. As an intestinal antiseptic, salol will always be found reliable, administered in doses of one grain. When the stools are offensive, half grain doses of napthaline every two hours will correct the trouble and is harmless. The administration of opium to young children has been condemned by many writers, but in a recent work by Dr. Holt the statement is made that opium is almost as valuable a remedy in the treatment of disease during the first five years of life as at any other period. Infants are, however, peculiarly susceptible to the influence of the drug and relatively smaller doses are required than of other medicines. If the physician will accustom himself to the use of very small doses, he will be surprised to see how satisfactory are the effects produced. The administration of opium before the intestinal canal has been cleared of all sources of irritation and infection cannot be too highly condemned. Opium can be administered during convalescence

or during the acute stages to overcome the pain, restlessness or too frequent discharges when these symptoms are distressing, but where the symptoms do not demand it, it should be reserved for convalescence. The abstaining from all food in a vigorous child is another measure which cannot be too highly commended. It may be difficult to carry out, but the child can be restrained from twenty-four to even forty-eight hours without any danger and the good effect will be manifest.

The diet in these conditions is more important than medication. The administration of small quantities of sterilized milk modified to suit the age and condition by the addition of an alkali, preferably sugar of milk; or fresh buttermilk, strained so as to remove all lumps or hard particles, can be administered in small quantities at regular intervals. As little food should be administered as possible during the acute stage of the trouble. As I have said before a vigorous child can abstain from food altogether for twenty-four hours without any harm being done, a little warm sterilized water being given if the little patient should seem fretful. After the acute symptoms have subsided great care should be exercised that with the returning appetite the complaints of the child should not induce the nurse or mother to overstep the bounds of prudence and allow too frequent feeding. A relapse is more difficult to handle successfully than the original disease.

I have found that often the mothers milk and the administration of cows milk disagrees with the child and a substitute must be found. While I am opposed to artificial feeding of any kind, yet there are cases which seem to thrive only when we resort to them. The next best substitute is a good and fresh preparation of condensed milk. The reason for this preference is that a uniform strength can be prepared from it to suit the demands of a particular case. It is well known that variations do occur in cows milk, in the fats more particularly. If a fresh supply of condensed milk is not obtainable, better results can be had from the use of Horlick's Malted Milk. This preparation has always given me good results provided proper care is used in its preparation. Sometimes where it has been used and no benefit is observed the addition of one teaspoonful of pure cream to each feeding will change for the better.

In the foregoing I have referred to those cases which do not assume a very dangerous type. We are often called to see a case when the little patient has been subjected to all the home remedies to be had and great damage has been done. We find the little patient emaciated and prostrated to the last degree, with frequent stools of a muco-sanguinolent character and attended with much tormina and tenesmus. The child suffers untold agonies and is fretful without cessation. The first step in the treatment should be to relieve this condition, which can be done by the use of a warm colonic flushing with a two per cent. boric acid solution or a one grain to the ounce silver nitrate solution given warm. Whisky in water containing the white of a fresh egg, well stirred, can be given at reasonable intervals and is both stimulating and nourishing. Fever can be controlled by tepid baths repeated as often as necessary. The coal tar derivatives should not be administered to children.

A source of much evil in the treatment of diarrhœas in children is the administration of medicines in syrupy mixtures. It is well known that sugars cause disturbances of the stomach of themselves and the tendency to undergo fermentation in these conditions is increased. For this reason all medicines should be administered in water, only, and the palate of the child should not be taken into consideration at all.

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*POST-SCARLATINAL NEPHRITIS

With Remarks on Some of the Acute Infectious Exanthemata.

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Our daughter, Wyeth, aged 9, on January 24th. last, was taken with fever while two sisters were sick with measles.

On the fourth day a scarlet rash was observed over chest, macular in form, with itching. It extended downward anteriorly in patches, covering the abdomen, and posteriorly to sacrum, being more intense on buttocks. Throat very little affected, with enlargement of sub-maxillary glands.

* Read before the Mississippi State Medical Association.

Ten days prior to this she had severe follicular tonsillitis with the exudate. The glands had remained enlarged since that attack, though she had recovered otherwise, and had returned to school before this illness.

The tongue did not have the strawberry appearance. She was not confined to bed and felt discomfort only upon rise of fever at night. The rash faded in two days, followed by desquamation of scarlet fever.

February 4th., last, she again had fever, with catarrhal symptoms, followed by eruption typical of measles except where scratching and rubbing were used to relieve itching. In these places the eruption assumed a diffuse scarlet redness.

Temperature ran high, often reaching 105° F.

This was followed by otitis media of right ear, with rupture of drum membrane.

February 20th. otitis of left ear followed by rupture and temporary relief.

February 21st. her mother noticed a little swelling about her face. Upon my return home after midnight of that day, marked œdema was observed and a grave condition recognized.

A specimen of her urine, of dark brown color, was placed over spirit lamp, and upon reaching the boiling point the tube was almost filled with coagulum.

She was at once given good doses of calomel and, without waiting for its effects, sulph. magnesia was given to the extent of free purgation. Tincture digitalis and acetate potash were given, it requiring two drachms or more of the latter in the twenty-four hours to render the urine alkaline. This was followed by calomel in ¼ gr. doses at various times and Basham's Mixture and Stafford mineral water were freely used.

On account of nausea and vomiting and her general dislike to and the disagreement of milk, that diet could not be used. She was fed upon farinaceous gruels. Temperature normal with occasional slight elevation except when ear would give pain and discharges cease, at which times it would reach 102° to 103° F. Pulse 58 to 75.

Dry cups were applied over kidneys, followed by mustard and flaxseed meal poultices. Hot foot baths and

hot sponge baths were given. The bowels were kept loose with salines and for the first week the skin acted freely.

The urine seemed almost suppressed. On account of loose bowels it could not be estimated. Enemas of normal salt solution were frequently used. Albumin in urine from 50 per cent. to 75 per cent. Specific gravity 1.006 to 1.026. Notwithstanding the apparent success of elimination the stupor and other nervous conditions were not improved.

The œdema grew steadily worse. On March 1st. the face was swollen beyond recognition, with general anasarca great. Pain in head with twitching of muscles of hands, arms and face for past few days increased. Chloral by bowel now insufficient to relieve these symptoms. A distressing dizziness is added.

We considered the hot pack the only resource. Dr. Pitts of Hazlehurst and Dr. Fulgham of Jackson were called, who with Dr. Dampeer, assisted by the nurse and by me, placed her in the hot pack.

When stripped and placed in the blankets she resisted to her utmost, showing great alarm and pleading in every manner possible for release. The cry of murder and the distress shown drove some from the room, and to the mother and those who remained, the scene was heart rending.

Within a few minutes the itching of skin seemed unbearable. She kept her mother rubbing her nose and face for its relief there. Sweating was profuse. A few minutes later she became profoundly stupid and at the close of an hour when she was removed from the blankets convulsive movements were general and she was supposed to be dying. Morphine 1-8 gr. and strychnia were given hypodermically and she was wrapped in dry warm blankets and sponged under cover by the nurse, using cloths wrung from hot water. Free sweating for one hour after her removal. Strong odor of urine at all times, it being imparted to everything that came in contact with her. Temperature before the pack 100° F., pulse 120. A short time after her removal from it, temperature 100° F., pulse 132. Consciousness was restored in half hour and she seemed improved.

Daily, however, for five successive days when there would be a return of the alarming conditions the much dreaded pack would be used with the same fear and distress

to her as the first. They were always followed by free sweating. She lost consciousness in the last pack and was in a spasmodic condition for one hour. Morphine 1-8 gr. and strychnia were given as before. The complications in her case were numerous.

On March 6th. the bowels began to be difficult to move, and they were greatly distended. Salines having very little effect were discontinued, and daily and twice daily doses of oil were used in their stead.

The bowels were very tender on pressure and began to pour off great quantities of mucous, no straining, no desire to act except as induced by the oil. This colitis said to be produced by formation of ammonia carbonate is also said to be attended by loose bowels. The reverse with it in this case. This condition continued for some time as a troublesome complication, but the bowels at this writing are near a normal condition.

The left ear gave serious trouble and fearing mastoid disease Dr. Sims, of Jackson, kindly came in response to our request and gave us valuable advice as to its management. Carbolized glycerine 10 per cent. to 20 per cent. proved to be the best agent used for the relief of pain in ear.

The urine remained bloody, becoming gradually a brighter color and increasing in quantity till March 22nd. it was free from blood. The œdema gradually disappeared upon the free action of the kidneys. April 3rd. 62½ oz. in twelve hours; on the 18th. 67 oz. in twenty-four hours. The amounts given were measured and there is no doubt but that she occasionally passed over 100 oz. a day. The condition of ears and bowels seemed to influence the amount of blood. When there would be an elevation of temperature the urine would show more blood and more albumin. Dr. Turner, of Jackson, came to see her and gave valuable information as revealed by the microscope. Of the five specimens he kindly examined for me, there were fewer casts, etc., with each successive examination. See his report at the close of this paper. To go into a more detailed account of treatment and management generally would give too great length to this report. It was eliminative, dietetic and supportive. She is now on iron with careful feeding, is up and active but is kept from currents of air and being

carefully guarded generally. Her appetite was good throughout.

It is thought well, that you may more intelligently consider this case and for the purpose of introducing the subject of complications, etc., to give a brief history of the acute infectious exanthemata that have prevailed for the past few months. They have existed in the form of varicella, rubeola and scarlatina. If these diseases have been as common over the state as in this section the physicians here assembled will probably have seen them in all their anomalous conditions and sequelae. It is to be hoped, therefore, that the introduction of the subject will cause an interchange of the experiences of those present, and that something may be added to the means now in use to prevent the maiming for life of so many of our children.

In December of last year our first cases of scarlet fever were in twin girls, age four years, taken twenty-four hours apart, and running a typical course without complication or evil results.

In January, Capers, age thirteen years, had scarlet fever, regular in form with œdema of face for a short period as the only after effects, no albumin. Across the street from Capers, Joe F., age eighteen months, became quite sick, with fever and sore throat; a scarlet punctate rash, paling on pressure, following in twenty-four hours. No catarrhal symptoms, except a slight laryngitis. The mucous membranes of fauces were thickened and red and there was an early appearance of a membrane covering the tonsils, palatine arch and uvula with enlargment of sub-maxillary glands. There was no subsequent desquamation.

Our experience in diphtheria would have led us unhesitatingly, under other circumstances, to have called this typical in its appearance of that disease as far as throat conditions were concerned. The existence of scarlet fever in our city and the early appearance of the membrane led us to consider it a case of pseudo-diphtheria. Antitoxin, however, was held in readiness for use in case respiration should become embarrassed or the larynx much involved. The parents were opposed to its use but would probably have consented if the conditions had grown more alarming. It should be used in all cases of doubt. The father and mother

were quite sick with follicular tonsilitis with the exudate, the former with scanty urine, albuminuria and uremia. He had no knowledge of previous disease and has been well since.

Otitis media with otorrhœa has been common, two cases of nephritis with anasarca, rheumatism, pneumonia and dysintery have been the complications and sequelæ of measles.

One of our children, age 12, was taken with measles on January 21st. last, and another, age 14, ten days later. The younger had the disease in regular form. She had typical scarlet fever four years prior to this time. There was no desquamation of scarlet fever in her case. Upon the appearance of the eruption of measles on the face of the elder, however, a bright scarlet rash appeared on and covered the anterior parts of the legs below the knees. Subsequently the desquamation of both measles and scarlet fever occurred in her case.

Report of Dr. O. M. Turner.

March 6th. 1904, Albumen 40 per cent., React. Alk., Trip. Phos., Uric Acid Crystals in quantities. Renal Epithelial cells very few, blood and pus cells in quantities.

March 10th., Sp. Gr. 1.006, Albumin 20 to 30 per ct., React. Neut., no casts, no pus cells, renal epithelium in greater quantities than before.

March 11th., Sp. Grav. 1.018, React. Alk., Alb. 15 to 20 per cent., Gran. Casts and one epithelial in field. Renal epithelium present.

March 13th., Spc. Grav. 1.013, React. Acid (slightly), Casts Gran., Alb. 15 to 20 per ct., few Epithelial cells.

March 15th., Spc. Grav. 1.015, Reaction Acid, Alb. 12 to 15 per ct., Casts Gran. numerous, Few Epithelial renal cells.

March 18th. Sp. Gr. 1.015, React. Alk., Alb. 3 to 5 per ct., Casts Hyaline, Renal Epithelium diminishing.

March 30th. Sp. Grav. 1.014, React. Acid, Alb. 5 to 10 per cent., Hyaline Casts, Renal epithelium noted.

April 3rd. Sp. Grav. 1.008, React. Neutral, Casts Hyaline, Renal and epithelial cells noted.

April 4th. Sp. Grav. 1.010, React. slightly acid, Alb. 1 to 2 per cent. No Casts. Renal cells noted.

April 20th. Sp. Grav. 1.018, Alb. 15 to 20 per cent., React. Acid, Casts Granular, renal cells noted.

* CONVULSIONS OF CHILDHOOD.

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Mr. President and Gentlemen:

When the Chairman of this section requested me to prepare a paper on "Convulsions of Childhood" I was loth to undertake it, for the reason that it has been my good fortune to have seen but few cases, comparatively, of this frightful and distressing symptom during my professional career; hence a readable paper must, necessarily, be but a compilation, mainly, of the investigations of those whose range of observation has been wider than that of a country doctor of but a few years experience. However, with the feeling that it is one's duty to do the very best he can under all conditions, I have abased my personal inclination to decline, and have prepared the following. If it sounds bookish and smacks somewhat of plagiarism, I plead in extenuation my limited personal acquaintance with this symptom, trusting that the mere suggestion of this subject will bring out, in the discussion, important points that I may have failed to note.

I shall confine my remarks chiefly to the causes and treatment, considering it unnecessary to dwell at length upon the symptoms, pathology and diagnosis. I do not deem it necessary to describe the symptoms because anyone of common intelligence can recognize a well marked convulsion or, even, a convulsive tendency. Of the pathology nothing much is known. In infants dying in convulsions "the brain and meninges are usually found intensely congested. They may be the seat of punctate hemorrhages, and sometimes of more extensive ones. The lungs are also deeply congested, and the right heart is generally distended with dark clots. The other lesions found are accidental." (Holt.)

The diagnosis rests upon a thorough knowledge of the causes, and consists in being able to determine the cause or causes of the convulsions in the particular case in question.

The causes of convulsions are predisposing and exciting. The predisposing causes seem to be infancy, heredity, and

* Read before the Mississippi State Medical Association.

conditions affecting the nutrition of the brain. At birth only parts of the child's nervous system are structurally complete. The lower centers are more greatly developed than the higher centers, consequently control is limited until the higher centers become competent to exert inhibition. Hence instability of the nervous centers becomes one of the most important predisposing causes. The brain grows more during the first year or two than during the entire remainder of the child's life. This rapid growth predisposes to functional derangement. As the child grows older his susceptibility becomes less and convulsions become, relatively, infrequent. When the child is seven or eight years old they are comparatively rare.

"Children who inherit from their parents a peculiarly nervous disposition are more liable to convulsions than are others." Some families are especially prone to suffer from nervous excitement and their children are very apt to have convulsions.

Convulsions may occur in children previously healthy, but it is unusual for a healthy child to suffer from convulsions unless the exciting cause be overwhelming. The greatest number of attacks occur in children in whom there is some disturbance in the nutrition of the brain. According to Holt and Gowers, rickets is the most potent cause of mal-nutrition of the brain and hence the chief cause of convulsions. Syphilis, anemia, debility and exhaustion due to any acute disease, especially diseases of the digestive tract, are predisposing causes. Females are said to be more susceptible than males.

The exciting causes include a great variety of pathological conditions; among which may be mentioned traumatism during rapid delivery; compression of the head due to a tedious labor or forceps delivery; the various forms of cerebral disease, as meningitis, tumor, abscess, hydrocephalus, hemorrhage, embolus, thrombus, etc. Reflex irritation may prove to be an exciting cause as in compound fractures, extensive burns, phimosis, intestinal colic, renal colic, foreign body in the nose or ear, intestinal strangulation, the presence of indigestible food in the gastro-intestinal tract, over-loaded stomach, retention, and intestinal parasites. Holt records a case in which he thought an enlarged thyroid gland acted as

an exciting cause. Other determining causes are the various infections, as syphilis before mentioned, pertussis, measles, scarlatina, malaria, pneumonia, also ptomaines, leucomaines, uremia, heat, cold, high temperature, shock, emotions, fright, anger, etc., and poisons. Probably the most frequent exciting cause enumerated above is the presence of indigestible food within the gastro-intestinal tract. There seems to be some question as to whether the mere presence of the food in the digestive tract is sufficient to cause the attack. In all probability it is due to toxemia or auto-intoxication produced by the constipation usually present in these conditions. In regard to dentition and intestinal parasites, Holt says that both must be regarded as exceedingly rare causes. In regard to dentition Gowers takes a similar view, although not denying the possibility of its acting as an exciting cause, but says the irritation produced by worms may produce convulsions. The period of dentition, that is from six to eighteen months, is the period during which rickets usually occurs in children and it is in this way that teething gets the credit for producing convulsions. Personally I have never seen a convulsion which I thought could be attributed to dentition or the presence of worms. Nor could it properly be ascribed to rickets, since I have seen but few children of marked rachitic tendency. Some practitioners claim to have relieved the spasm by lancing the gums over an approaching tooth, or by removing the worms from the intestinal tract. I may say, in passing, that I have rarely ever found it necessary to lance the gums in any condition, but the removal of the intestinal parasite is of practical value.

"Of the determining causes, by far the most important is the use of improper food unsuitable in amount, kind or condition to the needs of the young child. This acts often as both fundamental and exciting causes. Milk from a mother or wet nurse may be vitiated by various causes—fatigue, emotional—or it may act as a medium of poisons, such as alcohol—and has been known to cause convulsions." (Sajou's Analytical Cyclopedia of Practical Medicine.) The changes in the lacteal secretions brought about by unusual or excessive coitus, by anger, grief or fright, has been known to cause convulsions. Finally we have convulsions for which

we can find no explainable adequate cause, search how we may.

The prognosis must take into account the immediate and the remote effect of the convulsions. Some writers deny the gravity of infantile convulsions so far as the immediate results are concerned. The article in Sajou's Cyclopedia before quoted says that "they vary widely in severity, beginning locally and becoming general, or they may prove to be overwhelming motor discharges so intense as to cause serious disablement, or death." I have seen at least one death produced by convulsions in a two year old child.

The immediate result depends upon the cause and the age of the patient. Reflex convulsions are not often fatal except in the very young or in very rachitic children. One attack predisposes to another. Convulsions ushering in acute diseases are not often dangerous, nor does it necessarily mean that the disease will be of unusual severity. The exception to this statement is probably found in convulsions ushering in malarial diseases. It has been my experience that convulsions in malarial conditions usually mean that we have a serious condition to deal with.

Convulsions occurring in pertussis, and late in pulmonary and laryngeal diseases are especially fatal. There may be no sequel to convulsions if the cause is slight, or they may produce some serious brain lesion. Many apparently hopeless cases make good recoveries. The number of attacks may be very great. Holt records a case in an infant in which it had, during the latter six months of its second year, over 3,500 distinct attacks. "For a considerable period, they reached the almost incredible number of eighty a day, and, yet, the mental condition of the child in the intervals was apparently normal." Statistics show that about one-half of the patients who suffer from convulsions during childhood suffer from some neurosis in later life.

If convulsions continue for some months, the question as to whether it is epilepsy or not naturally arises. Gowers and Holt both state that there is little doubt that some cases of epilepsy have their beginning in infantile convulsions. Gowers says that even after convulsions last for a year there is a fair chance of their arrest. "The points on which one is likely to base a serious prognosis are extreme prolongation

or frequent occurrence, profound disturbances of the circulation, stupor, or subsequent prostration."

When summoned to a case of convulsions, the physician should hurry to the bedside of his patient and stay there until the attack is relieved. The indications for treatment are to relieve the spasm and to remove the cause. To meet the first indication we have three drugs, valuable in the order named, which stand pre-eminent in the treatment of this condition, viz :—chloroform, chloral-hydrate and morphine, the last hypodermatically. To overcome the spasm, chloroform should be administered by inhalation. This can be accomplished safely even to the youngest infant. Some writers advise the use of a mixture of chloroform, amyl-nitrite and ether. I have had no experience with this mixture. The addition of the amyl-nitrite strikes me as being valuable, but the ether would be objectionable to use at night on account of its inflammability.

Very often the child will be found in a hot bath. It frequently happens that the family in their excitement, have placed the child in water sufficiently hot to damage the cuticle. This is important and should not be overlooked. The weight of authority seems to be against the employment of the bath, because it is too disturbing. They use instead, the hot mustard pack. This is made by adding a teaspoonful of mustard to a quart of hot water; into this a sheet is dipped and wrapped around the child. The hot bath, combined with the application of cold to the head has seemed to me to be beneficial in acute cases, or in cases marking the onset of acute diseases. In cases occurring during the progress of disease, I am of the opinion that the disturbance caused by the bath more than offsets any good which might be derived from its employment.

While measures are being instituted to relieve the spasm, a search should be made for the cause of the convulsion. If, as frequently happens, it is found to be due to an over-loaded stomach, or to the presence of undigested food in the intestinal tract, an emetic should be administered and the colon irrigated thoroughly, preferably with a hot saline solution. There are some who oppose the administration of emetics in this condition ; personally I have never seen harm result from their employment, and always use them when I think

they are indicated. The colonic irrigation not only cleanses the lower bowels, but, by its heat, stimulates capillary relaxation and acts as a derivative thereby aiding in the relief of the turgidity of the brain. If the temperature is high, a cold enema may be used with good effect. Thermol, phenacetine, acetanilid, or any of this class of anti-pyretics may be used to an advantage in acute cases with high temperature. Upon the recommendation of a friend, who is an able practitioner, I, on one occasion, gave antipyrine hypodermatically to a negro boy seven or eight years old, with excellent reresults, whose rectal temperature was above 106° F.

After cleansing the colon, chloral, in suitable doses, should be given by the rectum, in sweet milk or in starch water. Its retention may be effected by the application of a lump of ice to the anus, or by any cold application, or by holding the buttocks together firmly. We usually get the effects of the chloral in twenty to thirty minutes. If the effect of the drug is not manifested at the expiration of this time, the dose should be repeated. If the chloral is not retained, or if the convulsion is not arrested, our next remedy is morphine hypodermatically. This may be safely given in the dose of 1-48 of a grain to infants of six months, and a 1-16 of a grain to a child of two years. This may be repeated in half an hour and, if the symptoms are urgent, in double the dose and repeated in an hour, if necessary. It is remarkable how much opium a child will tolerate when in this condition.

Where asphyxia is marked, oxygen is praised very highly. For obvious reasons its employment in the country is difficult and I have had no experience with it.

As soon as the child can swallow, it is good practice to administer a purgative. Calomel is my preference, unless there is an urgent indication for a more active purgative, when castor oil is given. After this acts, calomel in small doses is given. After having relieved the attack it is well to give, for a few days, the bromides for their calmative effect upon the nervous system, adding, if it seems necessary, chloral in sufficient doses. This gives us time to institute measures looking toward the removal of the cause. It goes without saying that this should be done in every case and as

expeditiously as possible. The treatment of the cause, when found, will naturally suggest itself and need not be entered upon in this paper.

In some cases, it must be remembered, convulsions are symptoms of approaching death and are not amenable to any treatment. To sum up then, we must regard chloroform, chloral-hydrate and morphine our three most potent remedies in combating this symptom; all others are to be regarded merely as accessories.

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*A RATIONAL METHOD FOR CONTROLLING THE SPREAD OF VENEREAL DISEASE.

E. F. HOWARD B.S., M.D.,
VICKSBURG.

Venereal disease is as old as history itself, one might almost say as old as mankind. It has reached into all lands and all races and its spread will be limited only by lack of material.

It is now an established fact that both syphilis and gonorrhœa may be, and are often, communicated by other means than sexual intercourse, but this mode of contagion so far exceeds all others that in a discussion such as this we may limit ourselves to it alone. We may go even further and limit ourselves to illicit sexual intercourse, since it is here that the great majority of cases of venereal disease are contracted, therefore I propose to say a word concerning this our greatest social evil.

*Read before the Mississippi State Medical Association.

A discussion of prostitution is always more or less distasteful to clean-minded men. It is pleasanter to fix our eyes upon the sun-lit mountain-tops of scientific investigation rather than upon the mire, and the beasts that wallow therein, about our feet. And yet I question whether we perform our full duty when we avoid the latter entirely. Just as politics will continue corrupt without the interest and labor of our better citizens, so will social evils continue to threaten us until right-minded men take a hand in their suppression.

Before such a body as this, it seems like recounting ancient history to enter into any discussion of the prevalence of venereal diseases, or of the handmaids of vice who assist their spread, and yet it has often occurred to me that modern opinion has fallen back a pace and has not as true an idea of the condition of affairs as was held formerly.

In our modern legislation, the one idea has been to protect the male against the advances of the prostitute. She is the erring member against whom all laws for the prevention and punishment of such vice are directed. She is the scapegoat when young men go astray and those of her accomplices who become diseased as a result of the mutual misdemeanor are treated with compassion, as if they had been more sinned against than sinning. It is the old story, handed down from the time of Adam: "The woman beguiled me." But the man who thus weakly tries to hide his sin behind a woman's skirts should remember that the first man who put up this plea received no mitigation of punishment on that account.

Of modern methods for the control of prostitution, segregation, which has been handed down to us from earlier ages, has proven of little benefit. Really it may be considered a disadvantage, since it merely puts the women together where the prospective purchaser of favors can easier find them and where he will have a greater variety of choice.

Registration and licensing have aided somewhat in the control of disease but have many disadvantages. The scandals of the system as practised in Paris are too recent to need recalling. From a moral standpoint this method is equally as objectionable as that of segregation, and when we consider the impossibility of daily examinations and the im-

mense chances of a woman becoming infected immediately after an inspection and, in turn, infecting dozens of men who would be especially attracted to her by the fact that she had a license, we must condemn it from a scientific standpoint also.

You will note that in these methods the laws are enacted against the prostitute. It is assumed that she is the harpy preying upon the defenseless man; robbing him of money, health and honor; a typical bird of prey. But I contend that the presence of the prostitute is simply in response to the well-known commercial law that demand inevitably breeds supply. There are undoubtedly some who deliberately select this mode of livelihood from choice but they are comparatively few. Pressure of circumstances influence the majority who adopt it and an unfair social system, which damns the woman and winks at the sin of the man who is her partner in evil, keeps her trodden down.

If it be recognized that prostitution is not the cause of venereal disease, but only the chief manner of its spread, it is evident that we must look further than its suppression for a cure of the evil.

Moreover, it is extremely doubtful if it can be suppressed. Dr. Sanger, Resident Physician at Blackwell's Island, in the introduction of his History of Prostitution, says:

"It is a mere absurdity to assert that prostitution can ever be eradicated. Strenuous and well directed efforts for this purpose have been made at different times. The whole power of the Church, where it possessed not merely a spiritual, but an actual secular arm, has been in vain directed against it. Nature defied the mandates of the clergy, and the threatened punishments of an after life were futile to deter men from seeking, and women from granting, sinful pleasures in this world. Monarchs victorious in the field and unsurpassed in the council chamber have bent all their energies of will and brought all the aids of power to crush it out, but before these vice has not quailed. The guilty women have been banished, scourged, branded, executed; their partners have been subjected to the same punishment; held up to public opinion as immoral; denuded of their civil rights; have seen their offenses visited upon their families; have been led to the stake, the gibbet, and the

block, and still prostitution exists. The teachings of morality and virtue have been powerless here. In some cases they restrain individuals; upon the aggregate they are inoperative. The researches of science have been unheeded. They have traced the physical results of vice, and have foreshadowed its course. They have demonstrated that the suffering parents of this generation will bequeath to their posterity a heritage of ruined powers; that the malady which illicit pleasure communicates is destructive to the hopes of man; that the human frame is perceptibly and regularly depreciating by the operation of this poison, and have shown that even the desire for health and long life, one of the most powerful motives that ever influences a human being, has has been of no avail to stem the torrent."

It would appear that there is no appeal from this verdict and I contend, therefore, that the real and rational way of putting down prostitution, and prostitution is the great spreader of venereal disease, is the enactment of such laws as will tend to keep down vice in the male. I say the enactment of laws for I have no great faith in the benefits of education in such matters—the celebrated Dr. Valentine to the contrary notwithstanding. No matter how great allowance we may make for that imperative and wholly natural impulse that prompts to exposure, no matter how much we may recognize the fact that ignorance of the results of venereal disease tends to carelessness on the part of young males, there is great danger that in educating boys in sexual matters we may say either too much or too little. If we say too little the boy will invariably proceed to fill out and amplify the information we have given him, If too much, in the words of Pope:

> "Vice is a monster of so frightful mien,
> As to be hated, needs but to be seen;
> Yet seen too oft, familiar with her face,
> We first endure, then pity, then embrace."

I do not mean that education by the parent, in the sanctity of the home, does the boy no good. The parent is the one person who should undertake it, and yet all parents are not fitted for the task. But from a personal experience

with such education as conducted in schools, I contend that it is worse than useless. I have seen three hundred young men and boys invited to attend a course of such lectures. Note that attendance was not compulsory. The lectures were given by a medical man, and this medical man was a gentleman in every sense of the word. But ninety-nine out of every hundred boys attended, there were very few who did not reach the lecture room ahead of time, certainly not a characteristic of boys, and I am sure I do not exaggerate when I say that nine-tenths of those who went did so anticipating that something would be said that would be "warm." The lectures were rational, dignified and convincing and yet I am positive that the majority learned nothing that did them any moral, mental or physical good. Not that the lecturer or the lecture was at fault, but because those who attended were expecting entertainment of a particular sort and would have extracted it from anything that might have been said. This of course is only one opinion, but the fact that the lectures were never repeated seems to show that the faculty of the school coincided in it.

It would seem then that we must look elsewhere for the remedy. It will be found, I believe, in publicity. So long as we endeavor to hush up such matters, so long as physicians' lips are sealed, so long will this monster continue to increase his grip upon the world. It is an everyday story with every physician that the venereal patient will not continue under treatment until cured. He comes with his head filled with stories of quick and sure cures, particularly if he be a gonorrhœic, remains a few days under treatment and then either dissatisfied betakes himself to some other physician or, the urgent symptoms removed, discontinues treatment altogether. Very many times he "commits matrimony" within a criminally short space of time. And he does this secure in the knowledge that the physician is powerless to prevent him.

Were venereal disease, on the other hand, placed on the list of contagious and infectious diseases, and the physician required by law to report the cases that come to his notice, and the records kept where all interested might see, how much simpler it would make matters for all concerned. We

would no longer be compelled to stand by in silence while some young woman was sacrificed to a diseased husband. We would no longer fear the risk to the family when some member thereof became diseased. The mask would be stripped from the footpad that is stealing the health of the country and we would see that instead of a ferocious outlaw he is but a trembling coward.

Such legislation would be an improvement on the method recently proposed in some of our western states, requiring candidates for matrimony to present a certificate of health. This might not hold on the technicality that it is class legislation, since it would not effect all people equally; nor would it in any way operate against those already married, who certainly constitute a not immaterial part of the population. Moreover it would never be effective unless universally adopted, since the contracting parties would undoubtedly find it more convenient to go out of the state for the wedding.

I admit that a hundred objections can be raised against this proposition. Were a legislature to have such a law under consideration a thousand lobbyists would at once go to work to defeat it. And yet I contend that there would not be one real *reason* brought forward.

I contend that every objection to such methods arise solely from the selfishness of men who will not submit to have their passions checked, or what they are pleased to call their privileges abrogated, while denying similar license to those who have no voice in the making of laws.

This is no new plan that I present, though it has been little discussed on account of the very objections to which I have alluded. But I make no apology for presenting it for your consideration since it can do no harm to be occasionally reminded of the benefits to be derived from an improvement over existing conditions, even though we may never hope to share in them.

Discussion by Dr. Folkes:

The crux of Dr. Howard's paper lies in his plea for compulsory reporting of venereal diseases. If this be effectively done, it would be a long step forward in eradicating them, but unfortunately right at the

threshold of such an attempt lies the huge inertia of custom, ignorance, prejudice, etc., all of which would render nugatory any real attempt to enforce such a law.

All of us fully realize that the enforcement of such a law would be absolutely dependent upon enlightenment among the great body of people, so that they might appreciate the necessity of such a law. No law can or will enforce itself, nor will it at any time rise higher than the people who administer it, and among whom it is administered.

Dr. Howard casts aside the very thing that is needed to enforce his law, namely education or enlightenment. In my opinion it is along these lines that we will have to move before any such law as the doctor advocates could in the slightest degree be enforced.

I believe that matters are daily getting better in respect to morals and the venereal diseases. In my eleven years of practice, I have never seen the horrible and disastrous results that writers are always talking about as being due to syphilis and gonorrhœa, not that I mean to say that they do not sometimes occur.

The very fact that life expectation has increased twenty-five per cent. in the past two decades is to my mind a clear index to great physical improvement all along the line, and in much greater degree than we would have been lead to expect from our writers on the venereal diseases. I attribute a large proportion of this condition to education. Some of you may remember that several years ago, while editing the Journal of the State Medical Association, I took the position that it was a bounden duty of the family physician to make a plain talk to each youth in his clientele who was approaching puberty, on the dangers lurking in promiscuous intercourse. Were this done with the intelligent co-operation of the father, many a youth would be more amenable to reason and advice than could possibly be coerced by misunderstood and sumptuary laws.

Closed by Dr. Howard:

Dr. Folkes has misunderstood me on the point of education. I spoke against education solely as conducted in schools. The instance I mentioned is, it is true, only one isolated case but I believe it be fairly typical. The main point on which I wish to lay emphasis is that so long as these conditions are concealed and spoken of with bated breath they will be found difficult to remedy.

THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

MINUTES OF THE THIRTY-SEVENTH ANNUAL SESSION.

Jackson, Miss., April 20th. to 22nd. 1904.

Morning Session, April 20th. 1904.

Association called to order by President C. D. Mitchell.

Prayer by the Rev. W. T. Bolling, Jackson, Miss.

Address of welcome on behalf of the citizens of Jackson by R. B. Ricketts.

Response to address of welcome by Dr. E. H. Martin, Clarksdale.

On motion, the President was requested to make his address at the evening session.

On motion, the Association adjourned to re-convene at 2:00 P.M.

Afternoon Session, April 20th. 1904.

Association called to order at 2:30 P.M., the President in the chair.

Paper, "The Prophylaxis of Enteric Fever," Dr. H. M. Folkes. Discussed by Dr. T. J. Ray.

Paper, "Summer Diarrhœa of Children, and Its Treatment," Dr. E. C. Coleman, Kosciusko. Read by Dr. J. W. Lipscomb. Discussed by Drs. R. E. Howard, J. A. Crisler, E. H. Martin, Price, H. M. Folkes, T. J. Ray and G. C. Phillips.

On motion, the privileges of the floor were extended to Dr. Stiles of Washington, D. C., and Drs. Evans and Turck of Chicago.

Paper, "A Consideration of Scarlet Fever," Dr. H. A. Gant, Jackson, Miss.

Paper, "Post-Scarlatinal Nephritis, with Remarks on the Exanthemata," Dr. R. E. Jones, Crystal Springs, Miss.

These two papers were discussed jointly by Drs. S. W. Johnston, J. A. Crisler, Donald, Buchanan, R. E. Howard, G. C. Phillips, Chas. W. Stiles. Discussion closed by Dr. Gant.

Paper, "Convulsions of Childhood," Dr. T. J. Ray, Centerville, Miss. Discussed by Drs. J. W. Barksdale, E. H. Martin, B. L. Culley, P. W. Rowland and G. H. McNeill.

Evening Session, April 20th. 1904.

Association called to order by Dr. Waldauer, first vice-president.

President's address, Dr. C. D. Mitchell, Pontotoc, Miss.

On motion, vote of thanks tendered to Dr. Mitchell for his paper; also to Dr. Bolling for prayer, Mr. Ricketts for address of welcome and Dr. Martin for response to address of welcome.

On account of the acoustics of the hall of representatives, Dr. J. H. Rhodes, on behalf of the committee of arrangements, suggested the transfer of quarters for the Association to the opera house, stating that the same could be had for $40.00. On motion, Secretary was instructed to cast the vote of the Association approving the transfer.

Paper, "Importance of Early Diagnosis in Syphilis," Dr. S. W. Johnston, Vicksburg, Miss. Discussed by Dr. E. H. Martin, closed by Dr. Johnston.

Paper, "Nasal Syphilis," Dr. M. H. Bell, Vicksburg, Miss. Discussed by Dr. W. D. Hubbard.

Paper, "A Rational Method for Controlling the Spread of Venereal Disease," Dr. E. F. Howard, Vicksburg, Miss. Discussed by Dr. H. M. Folkes, closed by Dr. Howard.

Morning Session, April 21st. 1904.

Association called to order at 9:00 A.M., by the President.

Symposium on Pneumonia.

Paper, "Morbid Anatomy of Pneumonia," Dr. E. A. Cheek, Arcola, Miss.

Paper, "Treatment of Croupous Pneumonia," Dr. J. W. Gray Jr., Clarksdale, Miss.

Paper, "Treatment of Broncho-Pneumonia," Dr. H. L. Sutherland, Rosedale, Miss.

These papers were discussed jointly by Drs. Buchanan, H. Christmas, Kendrick, F. L. Bott, P. W. Rowland, Paine, J. W. Barksdale. Closed by Drs. Gray and Sutherland.

On motion, the privileges of the floor were extended to Drs. Golden, Krauss, Sexton, Trotter, Ellett, Gottman and Cook.

Address, "Dyspepsia," by Dr. Turck, of Chicago, Ill. Discussed by Drs. H. M. Folkes and Chas. W. Stiles, closed by Dr. Turck.

Dr. J. A. Crisler introduced a resolution relating to the medical department of the University of Mississippi. Dr. E. H. Martin arose to point of order that the resolution be referred to the House of Delegates. Point sustained by the President.

Paper, "Mastoid Inflammation, with Reference to Treatment, Especially the Preventive Treatment," Dr. E. C. Ellett, Memphis, Tenn. Discussed by Drs. W. D. Hubbard, T. J. Ray, Krauss, J. A. Crisler and Johnson. Closed by Dr. Ellett.

Afternoon Session, April 21st. 1904.

Association called to order by the President at 2:45 P.M.

Paper, "Opium," Dr. B. F. Ward, Winona, Miss.

Paper, "Treatment of the Opium Habit by Hyoscine-Hydrobromate," Dr. J. M. Catchings, Hazlehurst.

These two papers were discussed jointly by Drs. Buchanan, Sexton, E. M. Holder, Rowan, Street, Krauss, Gant and F. L. Bott. Closed by Dr. Ward.

Address, "Some Phases of Acute Nephritis," Dr. Frank Jones, Memphis, Tenn. Report of chemical and microscopical findings in this case by Dr. Krauss of Memphis. Discussed by Drs. Gottmann and Donald.

Evening Session, April 21st. 1904.

Association called to order by the President at 8:10 P.M.

Paper, "Pelvic Abscess," Dr. W. H. Scudder, Mayersville, Miss. Read by the acting Secretary.

Paper, "The Medical Treatment of Dysmenorrhœa," Dr. J. M. Alford, Ellisville, Miss.

Address, "Uncinariasis," Dr. Chas. W. Stiles, Washington, D. C. Discussed by Drs. H. M. Folkes, T. J. Ray and Krauss. On motion, the thanks of the Association were tendered Dr. Stiles for his address.

Paper, "Surgical Affections of the Bile Passages," Dr. E. M. Holder, Memphis, Tenn. Discussed by Drs. W. W. Crawford and Jere Cook. Closed by Dr. Holder.

Address, "Report of Cases," Dr. L. Sexton, New Orleans, La.

MORNING SESSION, APRIL 22ND. 1904.

Association called to order by the President at 9:00 A.M.

Paper, "The Country Surgeon and His Nurse," Dr. J. T. B. Berry, Brandon, Miss. Discussed by Drs. T. J. Ray, Kendrick, Mohler, Robinson and Rowan.

Paper, "Pain in the Bottom of the Belly," Dr. Johnson, Yazoo City, Miss. Discussed by Drs. W. D. Hubbard and J. A. Crisler. Closed by Dr. Johnson.

Paper, "Dislocation of Spine, Report of a Case," Dr. Donald. Discussed by Drs. Minor and Harrison. Closed by Dr. Donald.

Paper, "Better Hospital Advantages in Our Public Institutions and Jails," Dr. J. H. Rhodes, Jackson, Miss.

Paper, "Report of a Case," Dr. B. F. Duke, Scranton, Miss.

Exhibit of a Case of Uncinariasis by Dr. Chas. W. Stiles.

On motion, the thanks of the Association were tendered Dr. Stiles and Dr. Fulgum for the exhibition of this case.

Paper, "Scabies," Dr. J. C. Hall, Anguilla, Miss. Discussed by Drs. J. A. Crisler, G. C. Phillips, H. A. Gant, Butler, Kendrick and P. R. Brown.

AFTERNOON SESSION, APRIL 22ND. 1904.

Association called to order by the President at 2:30.

Paper, "Obstetrics," Dr. B. L. Culley, Jackson. Discussed by Drs. Hall, Duke, Paine, Gant and Quin. Closed by Dr. Culley.

Paper, "Some Symptoms of Disease Peculiar to Women," Dr. J. H. Rhodes, Jackson.

Paper, "Instinct a Most Valuable Adjunct in Diagnosis and Treatment of Disease," Dr. T. J. Mitchell, Jackson.

House of Delegates reported the election of Dr. T. J. Mitchell, Jackson, President and Drs. W. C. Spencer, Verona, H. Christmas, Tchula, and C. M. Murry, Ripley, Vice-Presidents.

Dr. T. J. Mitchell was conducted to the chair and installed as President. Adjourned to meet in Jackson third Wednesday in April, 1905.

J. J. HARALSON,
Secretary.

MINUTES OF THE HOUSE OF DELEGATES, MISSISSIPPI STATE MEDICAL ASSOCIATION.

Jackson, Miss.

The House was called to order in the Representatives Hall at 9:00 o'clock A.M., April 20th. 1904, President Mitchell in the chair. The roll being called, thirty-four members were present, as follows:

C. D. Mitchell.
J. J. Haralson.
E. H. Martin.
W. M. Paine.
J. A. Crisler.
D. J. Williams.
O. B. Quin.
H. M. Folkes.
E. F. Howard.
T. J. Ray.
J. W. Lipscomb.
W. D. Donald.
R. W. Shipp.
W. W. Crawford.
L. D. Dickerson.
W. E. Peek.
G. H. McNeill.
H. G. Williams.
G. S. Bryan.
R. E. Jones.
B. D. Cooper.
D. W. Coker.
W. H. Harrison.
J. O. Cargile.
J. A. Donaldson.
J. C. Hall.
J. T. Butler.
J. T. B. Berry.
J. D. Gillylen.
W. H. Scudder.
P. W. Rowland.
G. C. Phillips.
B. L. Culley.
J. W. Barksdale.

The Council requested further time to report.

The Secretary read his report, which was received and adopted as follows:

To the House of Delegates:

I beg to submit this my first annual report:

To those of you who have cherished the interests and watched the growth of this Association for the past several years, it will be a source of gratification to know that in this first year of our experience under the new plan of organization we have through our councilors effected county organization in 46 counties, with a total membership of 520. Of these, 142 were already members, leaving a net gain since our last meeting of 378 members. The largest gain by far for any year in our history.

From the reports of the secretaries of the County Societies, it is evident that many regular physicians are practicing in their several counties who are not members of any medical organization.

Whose fault is this? If they are reputable physicians, they ought to be invited to join the only recognized medical organization of this Association in their county. If the County Society does not offer inducements enough to stimulate every medical man therein to desire to become a member, then the County Society is not doing its duty.

I have distributed considerable printed matter, blanks &c., through the councilors and from my office, to various parts of the state, and have done an immense amount of correspondence, in the endeavor to further the work of organization and I think the results have been good, but there is more to be done the coming year.

The following County Societies, having complied with the By-Laws, make application for charters, and it is recommended that charters be granted: Warren, Marshall, Wilkerson, Pearl River-Marion, Lowndes, Lincoln, Choctaw, Harrison, Jackson, Jones, Perry, Lauderdale, Pike, Scott, Newton, Covington, Monroe, Green, Montgomery, Copiah, Panola, Clarksdale and Six Counties, Washington, Leflore, Smith, Clarke-Wayne, Noxubee, Pontotoc, Sharkey, Clay-Oktibbeha, Amite, Simpson, Yazoo, Chickasaw, Rankin, Claiborne-Jefferson, Issaquena.

I have collected from County Societies as dues $1,014.25

and same has been turned into the Association treasury. As directed by the By-Laws, I have purchased a complete card index outfit, and I find the installation of this system a very laborious and difficult one, but I think we will be compensated in many ways. If the secretaries were more careful in furnishing data in their reports and the physicians of the state more punctual in filling out the "permanant record" blanks, the getting up of the Card Index System would be very much facilitated.

J. J. HARALSON,
Secretary.

The Treasurer not being present, his report was not made.

On motion of Dr. E. H. Martin, the following were appointed as a business committee: Dr. J. C. Hall, E. H. Martin and L. D. Dickerson.

The following were elected as a nominating committee:

1st. District—D. W. Coker.
2nd. District—P. W. Rowland.
3rd. District—J. A. Donaldson.
4th. District—W. H. Arnold.
5th. District—G. C. Phillips.
6th. District—W. H. Scudder.
7th. District—G. H. McNeill.
8th. District—H. G. Williams.
9th. District—J. T. Butler.
10th. District—W. W. Crawford.

The member from the first district was made chairman of this committee.

Lafayette, Holmes and Hinds county societies were enrolled and delegates seated.

On motion of Dr. Paine, House adjourned to meet at the call of the President.

APRIL 21ST. 1094.

House called to order, at 12:00 M., President Mitchell in the chair.

On motion, the delegate from Carroll was seated, that Society having complied with all the requirements.

Telegram was read from the Secretary of the American Medical Association, urging the passage of a resolution endorsing the Heybarn Pure Food Bill. On motion, Drs. Crisler, Folkes and Bryan were appointed as a committee to draft suitable resolutions.

The report of the Treasurer was read as follows and referred to the auditing committee, consisting of Drs. Lipscomb, Dickerson and Crawford:

TREASURER'S REPORT.

I respectfully submit my report with the accompanying vouchers for amount of money expended and report a cash balance of $1,486.82.

J. F. HUNTER,
Treasurer.

Jackson, Miss., April 20, 1904.

Receipts.

To Balance last report	$ 520 52	
" Received since last report	1,378 15	$1,898 67
Disbursements		411 85
Balance on hand		$1,486 82

Several applications for membership were made by physicians not yet affiliated with County Societies. It was decided that it was unconstitutional to so accept members and those applying were extended the privileges of the floor and urged to join their nearest county societies.

The bills of the Secretary and Councilors for organization in their respective districts were referred to the auditing committee.

On motion, it was voted to have a section on diseases of the Eye, Ear, Nose and Throat.

On motion, Dr. Frederichs, of New Orleans, in attendance on the State Dental Association, was invited to address the Association this afternoon, on " Fracture of the Inferior Maxilla."

A communication was received from the Mississippi State Dental Association, extending the privileges of that Association to the State Medical Association.

On motion, like courtesies were extended to the members of the Dental Association.

The following resolution was received and adopted:

WHEREAS, the matter of adulteration of foodstuffs and medicines has assumed such wide-spread and alarming proportions, the Mississippi State Medical Association in convention assembled hereby gives its unqualified endorsement and approval of the Heybarn Pure Food Bill now pending Congress, and urges our representatives and senators to give it their earnest support.

The following resolution introduced by Drs. Dickerson and Crawford, making delegates eligible to office, was laid on the table until the 1905 meeting:

Resolved, That Section 3 of Article VIII of the Constitution be amended so as to read: The officers of the Association shall be selected by the House of Delegates on the morning of the last day of the session. No person shall be elected to any such office who is not in attendance on that annual session and who has not been a member of the Association for the past two years.

L. D. DICKERSON.
W. W. CRAWFORD.

On motion, the House adjourned subject to call.

APRIL 22ND. 1904.

Meeting called to order at 9:00 A.M., the President in the chair.

The following resolution was offered by Dr. Hall, of Sharkey. Same was adopted and following committee appointed: Drs. Hall, Ward, Minor, Rowan and Christmas.

WHEREAS: The Department of Archives and History of the State of Mississippi is engaged in the noble and important work of collecting, preserving and compiling the record

made by the Confederate soldiers of Mississippi during the war between the United States and the Confederate States, and

WHEREAS, The official, devoted and unselfish services of Mississippi Confederate surgeons do not appear on the historical rolls of Companies which are being collected by said Department, and

WHEREAS, The official records of the Surgeon-General's office of the Confederate Government at Richmond were burned during the evacuation of the city, which makes impossible the compilation, from full official sources, of historical data relative to the services of Mississippi Confederate surgeons, therefore be it

Resolved, By the Mississippi Medical Association, assembled in annual meeting, that the Director of the Department of Archives and History be requested and urged to collect all possible official and unofficial data relative to the services of Mississippi surgeons during the war.

Resolved, That a committee of five members of this Association who were surgeons from this State in the Confederate army, be appointed by the President, whose duty it shall be to assist the Department of Archives and History in collecting and compiling a record of the services of the Confederate surgeons of Mississippi.

On motion the following report of the auditing committee was received and approved:

REPORT OF AUDITING COMMITTEE.

We, the committee appointed to audit the accounts of Secretary and Councilors for respective districts beg leave to report, that we have carefully audited said accounts and found same correct. We therefore recommend that their accounts be allowed. We have also audited report of Treasurer and find same correct.

Respectfully submitted,

J. W. LIPSCOMB,
Chairman Auditing Committee.

On motion of Dr. Lipscomb, Dr. Martin's proposition to

Dr. E. F. Howard, regarding the publication of the transactions, was referred to the publication committee, and it was empowered to act for the Association.

On motion, it was decided to hold the next annual meeting in Jackson, Miss.

The nominating committee made the following report:

For President:—Drs. H. M. Folkes, J. A. Crisler, T. J. Mitchell.

The ballot being prepared and cast, Dr. T. J. Mitchell was declared elected for the ensuing year.

For Vice-Presidents:—Drs. W. C. Spencer, H. Christmas, C. M. Murry.

The ballot was cast, and they were duly elected.

On motion, the Secretary was instructed to cast the vote of the House for delegates to the American Medical Association, and the following were elected: Dr. D. J. Williams, Ellisville, delegate for one year; Dr. E. Johnson, Yazoo City, alternate. Dr. W. H. Harrison, Tutwiler, delegate for two years; Dr. T. J. Ray, Centerville, alternate.

On motion, the House adjourned to meet at call of the President.

Afternoon Session, April 22nd. 1904.

House called to order at 12:15 p.m., the President in the chair.

Dr. Folkes moved reconsideration of the matter of publishing the transactions, and that the proposition of Dr. Howard that copies of the transactions be furnished free of charge to all who subscribe to the Journal be accepted. Motion to reconsider carried. Motion regarding the transactions lost.

Dr. E. H. Martin submitted the following proposition, which was carried: "That Dr. Howard change the name of the '*Medical Record*' to '*The Journal of the Mississippi State Medical Association*,' begin the new volume with the following issue and accept a staff of six collaborators, to be appointed by the House of Delegates; mail a copy of this *Journal* to every member of the Mississippi State Medical Association, and also mail every member a copy of the transactions before the first of January 1905 for $1.50 a member."

On motion of Dr. O. B. Quin, that the above be laid before the House as a committee of the whole, instead of being referred to the publication committee, the same was carried and the resolution of Dr. Martin (as above) was adopted.

On motion of Dr. Quin, committee was appointed to confer with Dr. Howard as to the collaborators. Committee: Drs. Quin, Paine, J. A. Crisler and C. D. Mitchell.

On motion, the House adjourned to meet at the call of the President.

House called to order by the President at 4 P.M.

The committee appointed to confer with Dr. E. F. Howard relative to Collaborators with the editor of the Journal, reported as follows:

We, your Committee, beg to report that after consideration of the resolution creating '*The Journal of the Mississippi State Medical Association*,' we recommend the following members of the said Association as collaborators with the editor of the *Journal*, to-wit:

Drs. J. H. Rhodes, M. J. Lowry, E. J. Johnson, E. H. Martin, R. P. Wendel, O. B. Quin.

We respectfully suggest that the resolution is all that is necessary in manner or form of contract.

J. A. CRISLER, Chairman.
O. B. QUIN.
W. M. PAINE.

Report received and committee discharged.

On motion of Dr. Martin it was voted to pay Dr. E. F. Howard one dollar per capita, *Journal* subscription, now and fifty cents per capita by January 1st. 1905.

On motion, it was voted to pay the Secretary a salary of $300. a year.

No further business, House adjourned.

J. J. HARALSON,
Secretary.

DEPARTMENT OF PUBLIC HEALTH.

On motion, Dr. Kendrick's report was heard.

On motion, Dr. Kendrick was re-elected President of the Board of Public Health, and Dr. Perkins was re-elected Secretary.

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

UP TO THE COUNCILORS.

Now that the State Medical Association has been reorganized, with a substantial gain in membership, it is decidedly up to the Councilors to complete the work of organizing and bringing the membership in each district to what may be considered normal, say eighty per cent. of the total number of physicians. It is a very deplorable fact, though probably a very natural one, that not one of the ten Councilors has done his full duty so far. It is possible that we did not fully understand how entirely the work of organization rests with the Councilor. The Councilors have not made the Secretaries of the local societies fully comprehend the responsibility resting on each one of them, have not taught them that persistence and repeated communication will bring enthusiasm and a full membership. On the other hand, none but the Councilors and the Secretaries can fully appreciate the loss of time and the sacrifice of personal interest that is required of each one for the general welfare and that what may seem at the time a thankless task is a mere matter of duty after the position is accepted. The First District shows a membership of one hundred and twenty-five, should be one hundred and sixty. The Second has twenty-three members only, ought to have one hundred and fifty, six counties not organized. The Third has only sixteen members, should have one hundred and sixty, eight counties not organized. The Fourth has fifty-five members, should have one hundred and twenty, one county not organized. The Sixth has fifty-five members, should have twice as many. The Seventh has sixty-eight members, should have one hundred and thirty, four counties not organized. The Eighth has forty-two members, should have over one hundred, two counties not organ-

ized. The Ninth has eighty members, should have one hundred and forty, one county not organized. The Tenth has sixty-seven members, should have eighty-five, one county not organized.

So our total membership for the state, as shown by the local Secretaries' reports at the time of our meeting at Jackson, was five hundred and eighty-two when it should have been twelve hundred, and could go to sixteen hundred.

In a few counties over eighty per cent. of the licensed practitioners are members, in most of them it is less than fifty per cent. and in twenty-four counties, nearly one-third of the State, there are no Societies at all.

This is a very deplorable picture and at first glance does not do much credit to the Association, but when it is considered that this much has been done in one year, that much of it has been done in the face of the opposition of the uncomprehending, that the Councilors had only altruistic arguments (apparently) to offer and that what was done called for considerable personal sacrifice on their part, it is not so bad.

And now, with the present local Societies as so many nuclei, with a good Journal to offer to new members gratis and with working Secretaries, each Councilor should make it a matter of personal pride to keep the mails warm until he has enrolled eighty per cent. of the physicians in his district, then the rest will come in in a rush.

In fact we can not consider our Reorganization a complete success until membership comes to be considered as essential to a practitioner as a license and until non-membership becomes a stigma requiring explanation. To bring about this condition the Councilors must work, must begin work Now, must not stop working.

E. H. MARTIN.

Within the past three weeks the management of the *Journal* has received quite a number of complaints from physicians who have not received the May issue. This condition of affairs may be due to one of the following reasons: 1st. The *Journal* sent may have been lost in the mails. 2d. Our mailing clerk may have made a mistake. 3d. The name of the physician may not be on our mailing list.

We are happy to say that all of the complaints received

so far come under the last head. When either of the two first conditions arises a card sent this office will speedily rectify matters but we cannot be responsible in the last case. It may be that the secretary of the County Society has omitted the name when making out his list or it may be that the physician complaining has not paid his dues. As a rule the former is not the case, the county secretary in many instances sending in several names more than the accompanying payment enables the secretary of the State Association to consider as members. In such a case it is clearly the fault of the physician himself. He is claiming something that is not his due, asserting a membership that does not exist, expecting the Association to pay his bills for him.

The Association dues are so small that no physician can plead poverty as an excuse for non-membership. We know of no organization that gives as much in return for as little expenditure as does our Medical Association, and this being the case it is a sheer matter of duty for every physician in the State who is not a member of his County Society to interview its secretary at the earliest opportunity. He may consider that it is the duty of the secretary to look him up, and perhaps it is, but we have no right to throw all the work on one man and leave him to do it unsupported. We all get the benefit of organization, therefore we all ought to help organize.

BOOK REVIEWS.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Vol. 1, Series 14. J. B. Lippincott Co., Philadelphia.

Besides a collection of unusually good articles on treatment, medicine, surgery, gynecology and neurology, there is given a summary of the "Progress of Medicine during 1903." The infectious diseases are first studied and it is of interest to note that rheumatism, although its specific cause is still *sub judice*, is classed with these as a matter of course. The brief commentary on malaria is commended to our

southern physicians, particularly to those who are accustomed to make their diagnosis with the microscope. Under surgery are such items of general interest as shock, collapse, surgical infections, anesthesia, blood examinations and cultures, burns, scalds and fractures, and the section on treatment is an exceptionally ripe grazing ground for the budding therapeutist. Here again our interest is chiefly centered on malaria and it is a source of pleasure to note that the experience of our practitioners is borne out by that of others. Some points here given in the administration of quinine are worthy of consideration.

The Practical Medicine Series of Year Books, comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. IV—Gynecology, edited by E. C. Dudley A.M., M.D., Professor of Gynecology, Northwestern University Medical School, and Wm. Healy A.B., M.D., Instructor in Gynecology, Northwestern University Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of series $5.50; price vol. iv $1.00.

It was the writer's privilege a year ago to comment on this volume and it is a source of satisfaction to note that the same excellent class of work is being done in this present series as characterized its predecessor. It is of course impossible to write a critical review of such a book, composed as it is of a collection of abstracts, but we cannot refrain from congratulating the editors on the careful, painstaking and comprehensive manner in which they have gone over the literature of their subject.

Manual of Materia Medica and Pharmacy. Specially designed for the use of Practitioners and Medical, Pharmaceutical, Dental, and Veterinary Students. By E. Stanton Muir Ph.G., V.M.D. Instructor in Comparative Materia Medica and Pharmacy in the University of Pennsylvania. Third edition, Revised and Enlarged. Crown Octavo, 192 pages, Interleaved throughout. Bound in Extra Cloth, $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This will be found of special interest to students since it is rather too abridged for general work, but still it has a distinct place and a by no means small value. It contains rather more than is usual in the compend and the feature of the blank leaves permits of its use both as a work of quick reference and a notebook. The custom now in vogue of arranging the remedies alphabetically is followed. The pages devoted to pharmacy will be the part especially of interest to practitioners, many of whom have more or less dispensing to do and often with little previous instruction.

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ORIGINAL CONTRIBUTIONS.

*GONORRHEAL ENDOCARDITIS.

H. L. SUTHERLAND M.D.,
ROSEDALE, MISS.

In a paper by Thayer and Lazear (12th. International Medical Congress, 1897, Moscow) occurs this statement: "Cardiac complications of Gonorrhea, with or without coincident or preceding arthritis, while not of frequent occurrence, are by no means as rare as has even within recent years been supposed." "That many of these complications are due to actual local infections with the gonococcus." It is further remarked: "That the gonococcus must be recognized as a true pyogenic organism, capable of giving rise to the gravest local and general septic complications, has been abundantly proven by recent observations. That cystitis, epididymitis, spermato cystitis, prostatitis and periurethal abscesses in man; metritis, vulvovaginitis, salpingitis and peritonitis in woman; may owe their origin solely to the presence of the gonococcus, has been clearly demonstrated."

With this preface, I will report a case which occurred in my work and, was, with the exception of four or five days, seen daily by my partner, Dr. McMillan, or myself from December 24th. 1903 to the day of his death, March 6th. 1904, and by noting our inattention to such characteristic symptoms of general sepsis—seeing, as most of us do, malaria in every fever—you may be enabled to make a diagnosis earlier, which is so essential in the treatment of this class of cases.

George M., white, male, age 40 years, living in a shanty boat on White river, Arkansas, near Rosedale, fisherman by

*Read before the Clarksdale and Six Counties Medical Society.

occupation, came to our office December 24th. for treatment saying he was having chills and fever and that about a week prior he had had a stroke of paralysis, and for several days had no feeling in one arm, no evidence of which was now present. Both wrists were swollen and tender and he complained of diarrhea, saying his bowels acted very frequently at night causing much loss of sleep. His spleen was enlarged, extending about three inches below the costal margin. I could detect no enlargement of the liver. This seemed so plainly a case of malarial fever that I gave him the usual treatment of calomel and quinine, with sodium salicylate and a local anodyne for his arthritis and instructed him to return to our office from day to day. On his third visit I found he had a gonorrhea, which I treated with copious irrigations of a permanganate solution and after three or four daily irrigations he said the discharge had ceased. Having missed his fever for three days, he returned to his boat, but in less than a week came back to us saying that his chills had returned. I began giving him quinine again but in a few days he had a severe epididymitis which lasted about ten or twelve days, during which time I supposed the rigors and fever were due to this and discontinued the quinine. This complication having been gotten rid of, and his chills coming on nearly every morning, between midnight and daylight, and never missing more than one morning, temperature rising to a 104° F. and followed by most profuse and exhaustive sweats, nervousness and diarrhea, we again began the use of quinine in capsules and kept it up five days without any beneficial effect. Not yet in the least doubting that we had a very intractable case of malaria, but attributing our failure to non-absorption, we gave him fifteen grains of quinine morning and evening subcutaneously, for four days. As this made not the slightest change in his condition, we began to look for some other cause for the fever. His urine showed a slight albuminuria. The apex beat of the heart was diffuse with a soft murmur. A distinct blowing sound was heard over the aortic valve, and we could get no history of heart trouble antedating the present illness. Some authorities hold that gonorrheal endocarditis is a secondary infection, the primary being streptococcic or other infection, and with this hope in the present case we

began the use of anti-streptococcic serum, giving 80 c.c. in three days. The rigors ceased, the fever and sweats grew less, and in four days disappeared entirely and did not return. Jaundice, which is one of the late symptoms, came on and grew deeper from day to day. There was no coma. I was permitted to make an autopsy which was done hurriedly with the sole view of ascertaining the condition of the heart. Upon opening the pericardial sac, I found a large quantity—eight or ten ounces—of dark brownish fluid. I cut out the aortic and mitral valves, and sent them to Dr. Krauss and will let him report the pathology of the specimen:

"The aortic valve shows very marked round cell and leucocyte infiltration which extends into the aorta and through its media. The mitral valve shows the most marked distension reaching down into the chordæ tendineae with inflammatory deposit. Having no culture media I could not ascertain if there were any gonococci. The condition is one of septic endocarditis. There were no marked vegetations, only a slight exudate."

The literature on gonorrheal endocarditis is not very abundant, the most interesting of which I have been able to find is the paper already referred to by Thayer and Lazear—being a collection of thirty-two cases, from many reporters, all of which died.

While it has been conclusively shown that the cardiac complication may be due to local infection by the gonococcus alone, in the greater number of cases the gonococcus infection is secondary to some other—generally a streptococcus or staphylococcus. This may have some bearing on the form of treatment. The conclusion to be drawn from this case, especially to us whose work lies in sections remote from cities of sufficient size to afford laboratory aids to diagnosis, is that we should use great care in examining all our cases of fever which seem unusually resistant to quinine.

My experience of over thirty years practice in the Delta has led me to believe that very rarely will a malarial fever resist 24 grains of quinine daily, for four days, and a fever persisting longer in the face of such medication should be scrutinized carefully, and the probability of some other infection considered.

This case was so strikingly like a malarial infection—

the regularity of the time of chill—the pyrexia—the sweat, and return to normal of pulse and temperature, with the enlarged spleen and coated tongue—that I feel it is hardly necessary for a practitioner in a malarious country to make apology for an error in its early diagnosis.

Dr. N. S. Davis Jr. in a paper read before the Med. Sec., A. M. A., June 1900, reports a case of septic endocarditis which, but for the absence of the Widal reaction and rose spots, might easily have been mistaken for typhoid, and he admits, great authority as he is, that he leaned to that diagnosis in its early stages.

Malignant endocarditis, of whatever infection, until recently has been considered incurable, although a few recoveries have been reported without any special treatment. The case reported by Davis, of the typhoid type, was treated by the Brand method and the inunction of Ung. Credé and recovered. In this same paper Davis mentions three other cases reported treated with antistreptococcic serum and one with antistaphylococcic serum, all recovering.

J. Michell Clarke (Prog. Med., 1901) also reports a case of ulcerative endocarditis recovering under the use of the antistreptococcic serum.

My experience in the use of the antistreptococcic serum in erysipelas and streptococcic puerperal infections justifies me in continuing its use, though the number of cases in which I have had the opportunity of testing its virtues hardly warrants me in giving it my full confidence. In a pure gonococcus infection I presume this serum would not be appropriate. There seems to be more interest centered in the silver preparations now in the treatment of endocarditis of whatever infection, with varying conclusions.

Dr. N. S. Davis Jr. in a recent letter, says: "In other septic troubles in which I have used it (Ung. Credé) sometimes good results follow and quite often no results are observable. However in a malady for which we can do so little, I at least feel willing to try even what I have not much confidence in."

Dr. W. S. Thayer, who has made such valuable contributions to our literature on malaria, in answer to an inquiry, says he has used the silver ointment in one case of endocarditis and the result was absolutely nil. He adds however that he used it rather late in the course of the disease.

Dr. Finney, also of Baltimore, believes he has had beneficial results in several cases which he has followed and says in conclusion "My own feeling about it is, that in desperate cases it is a good thing to try, but in cases that have a pretty good chance without, I have not used it."

Since reading this paper before the Clarksdale and Six Counties Medical Society, I have received a letter from Dr. Joseph Hume, until recently of Charleston, S. C., but now of New Orleans (Citizens Bank Building)—and I take this opportunity to thank him for the courtesy of this information in a personal letter—who did work along these lines with Dr. J. M. T. Finney of Baltimore, in the Union Protestant Infirmary, and I quote his technique:

"I use 1 c.c. of a fresh 10 per cent. solution of ordinary silver nitrate to 1000 c.c. of sterile distilled water. Each 100 c.c. of this solution contains 10 mgs. of silver, and I give from 400 to 600 c.c. at a time, intravenously. The injection is usually followed by a chill, rise of temperature, pulse and respiration, followed within two hours by a drop in temperature, rise in leucocytes and improvement in patient's condition. It is repeated two or three times, if the temperature reaches an alarming height, or if the leucocytes fall to any great extent. I use it in all general infections in conjunction, of course, with the usual surgical treatment of drainage, etc. As a rule I do not repeat the injection until twenty-four hours have elapsed."

He has never seen a harmful result from these injections except an occasional localized phlebitis, his results have been in the highest degree satisfactory and the great advantage of the silver nitrate treatment is that it is applicable to all general infections, while the sera are limited to certain infections and their expense much greater.

The attendance at the A. M. A. this year breaks all previous records by some hundreds. Physicians all over the country realize the value of these meetings, not only from the standpoint of the information gained at them but also on account of the pleasure of meeting their fellow members.

*NASAL SYPHILIS.

M. H. BELL M.D.,
VICKSBURG.

In presenting to this learned body of physicians a paper dealing with the various syphilitic lesions found in the nasal cavities, it is my intention to give only passing notice to the rarer lesions and to take up the more common ones in detail.

Without entering into any discussion as to the cause of syphilis, let us first look into the pathological changes taking place in the structures involved, for knowing these changes we will be better able to understand the symptoms presented by any given case.

In the nose, as elsewhere in the body, the symptoms and pathological changes are divided into primary, secondary and tertiary stages and I will follow this time-honored classification in what I shall have to say on this subject.

The occurrence of the primary sore on the nasal mucous membrane is rare, but when present the pathological changes are the same as when chancre is found on any other mucous membrane. After a varying period from the time of inoculation a small elevated papule appears. This may remain a papule or later on may undergo central necrosis and form the typical chancre.

This papule consists of an inflammatory infiltration of small spheroidal cells into the mucous membrane, with a few giant cells in some cases. Later on these cells are either broken down and undergo necrosis, or are absorbed, or converted into cicatricial tissue.

The pathological changes seen in the second stage are: first, the changes in the frequent coryza are the same as are observed in any simple inflammation of the mucous membrane and leave no permanent changes.

The mucous patch is occasionally found in the nasal cavity and at first we find an infiltration of small round cells into the mucous membrane and submucosa. This is followed by degeneration of the superficial epithelium and necrosis of the infiltrated cells thus forming the ulceration which varies both in area and depth.

The tertiary stage presents the most frequent and severe

* Read before the Mississippi State Medical Association.

cases of nasal syphilis and these symptoms may come on within six months or may be delayed for a number of years. The usual lesions observed are gummatous tumors and severe necrotic inflammations of the bone and cartilage, the latter frequently following the breaking down of a gumma.

The gumma consists of a mass of small spheroidal and epitheloid cells at the beginning and is traversed by bands of fibrous tissue and surrounded by a pseudo-capsule of the same tissue. It may undergo resolution or break down into a deep spreading ulcer. The first changes seen in the necrotic inflammation of bone or cartilage are dilatation of the vessels with escape of more blood cells; this is followed by proliferation and organization of embryonic tissue. The bone cells undergo degeneration and the mineral salts are absorbed.

If to this pyogenic infection is added, the entire structure of the bone is destroyed. Passing from this brief review of the pathological changes we will next consider the symptoms presented for our aid in making a proper diagnosis of nasal syphilis. The chancre is usually surrounded by an area of induration; it is sometimes ulcerated and sometimes not. In itself it is not usually painful but we may have a severe neuralgic pain as a result of its presence. There is more or less interference with nasal respiration, due to swelling of the mucous membrane. If ulcerated we will find a blood-tinged mucous discharge. It also causes indolent swelling of the lymphatic glands in the submaxillary, sublingual and periauricular regions. The diagnosis of syphilis is not usually made until the skin eruptions of the secondary stage appear.

The secondary symptoms appear within the first six months. The coryza of this stage presents the usual symptoms, such as slight fever, anorexia, stoppage of the nose, sneezing, lacrimation, dull headache, etc. On inspection we find the mucous membrane congested and swollen and covered with a foul secretion. The mucous patch when found will show as slightly elevated ulcerated areas with considerable inflammation of the adjacent tissues. These ulcers are usually shallow.

With the above nasal symptoms we have the various

skin lesions which are present in the secondary stage and which will be a great help in making the diagnosis.

The lesions of the tertiary period are the most serious of the nasal manifestations of syphilis and are the ones for which the patient usually consults a specialist. They may come on at any time after the first six months of the disease, or even earlier in some cases, but are more frequently seen some years after the primary infection. Probably the majority of the severe cases are those which have not been treated or have been improperly treated at the commencement.

The usual tertiary lesion is the gumma which is accompanied by a varying degree of inflammation in the surrounding mucous membrane. At the site of the gumma we will find a localized swelling which is covered by the inflamed mucous membrane. The tumor is hard and slightly, if at all, tender. The nose is stopped and there is usually a sense of soreness found by firm pressure on the bridge or root of the nose. Neuralgic pains are frequent. The future course of the gumma depends very greatly on its prompt recognition and the institution of proper treatment at this time. Under vigorous treatment all symptoms will now abate, the gumma will undergo resolution, leaving the pathognomonic star shaped cicatrix with some degeneration of the mucous membrane as its only result. However, should the case not be recognized or not seen at this time, the next stage is breaking down of the mass with ulceration and necrosis of all the tissues of the nose. The necrosis may spread very rapidly so that in a short time we may have irreparable damage done. With the advent of ulceration we will have a very abundant discharge from the nose, which is very fetid. When the bone or cartilage becomes involved the discharge frequently contains small bits of these tissues which are necrotic and have been cast off. There is always soreness of the nose as a whole and usually some localized spot, corresponding to the inflammation on the interior of the nose, which is exquisitely painful to pressure. There is usually some external swelling also present. This ulcerative process may go on until the nose is destroyed, may even go on to perforation into the cranial cavity and death. Just how much tissue will be destroyed depends greatly upon the time treatment is commenced and upon the treatment.

The above is the usual way in which this disease shows itself at a late stage and the picture presented is so characteristic that no one should have any trouble in arriving at a correct diagnosis. The diagnosis of tertiary nasal syphilis is not always so easy, as is shown by the anomalous cases which are reported in the literature of the day.

Several cases of syphilitic papilloma are on record and in a number of cases these tumors have been mistaken for malignant growths by thoroughly competent microscopists. I will next say a few words as to the treatment of these cases.

The treatment of the primary sore when it occurs in the nasal cavity is to use some simple cleansing spray, as Dobell's or Seiler's solution.

For the mucous patch of the secondary stage we will use cleansing solutions together with touching the ulcer with silver nitrate or nitric acid, and vigorous anti-syphilitic medication. When tertiary symptoms come on we use, besides cleansing sprays, silver nitrate to the ulcer, and if there is any necrosis of bone or cartilage we curette away all the dead and diseased tissue. At this stage of the disease we are taught to rely principally on potassium iodide in doses as large as the patient can take. In my experience you will get better results when mercury in some form is combined with the iodide even in the very late tertiary manifestations of the disease. The potassium should be given in large doses and let me ask you not to think a patient who is taking thirty, forty or fifty drops of the saturated solution three times a day is taking large doses. Run it up to one hundred or higher and you will get better results.

Tulane Medical Department graduated ninety-one physicians on May 4th. The annual address was delivered by Prof. C. Alfonso Smith, Dean of the Graduate Department of the University of North Carolina. This was the first class to graduate under the four years' rule.—*N. O. Med. & Surg. Journ.*

Dr. Robert Bartholow, eminent physician and emeritus professor of materia medica, therapeutics and hygiene of Jefferson Medical College, died at his home in Philadelphia, on May 1st. after a lingering illness. The doctor was seventy-three years old.—*N. O. Med. & Surg. Journ.*

* MORBID ANATOMY OF PNEUMONIA.

E. A. CHEEK M.D.,
ARCOLA, MISS.

Morbid anatomy as a branch of medicine is one rather neglected by the average practitioner, due to the fact that the advantages gained by work in the dead house are only to be obtained by a few, but it is a fact that we could make post mortem examinations very much oftener than we do if we would only use a little tact.

Where we have to do largely a practice on colored people the clinical history we get, owing to the ignorance of the average negro, is necessarily very imperfect; and again, owing to his unpleasant surroundings and inability to remunerate, it is almost impossible for the doctor to remain long at his home to watch symptoms and study the therapeutic results of his remedies, and for that reason it is imperative that we Mississippi doctors, to keep abreast of the times, should pay attention to the study of morbid anatomy. Since our practice is chiefly among the colored people our study of morbid anatomy must necessarily come from that source. To deal with an ignorant and superstitious negro, the question is how to persuade him to allow a post mortem to be made. By the use of a little tact we can get close to the most ignorant as well as those more fortunate. I have made some post mortems on negroes and have never failed where I have had the energy about me to make the effort. To go to the relatives in a practical and sensible way would cause a large majority of them to revolt. I have on some occasions been able to excite their curiosity so that they would allow an examination to be made to satisfy themselves, on the same principle that the small boy will ruin his toy through curiosity to know how his tin horse is fixed on the inside.

Perhaps a surer way is by working on their credulity. On your last visit to the patient in the presence of an influential member of the family, lay particular stress on some of the rather unusual symptoms in the case. See the landlord or agent on the plantation and have him to suggest or circulate a report that the patient in question might have been

* Read before the Mississippi State Medical Association.

tricked or possibly poisoned and that it might be well to have an examination made, at any rate have him to say before burial that it might be advisable for them to see the doctor and hear what he has to say about it. Try that plan one time and my word for it you will soon be called upon to make a post mortem examination. That might be considered imposing upon the credulity of the negro, or probably by some as rather unprofessional, but in that case each doctor can be his own judge and jury. This digression is only made as a suggestion. The subject set apart for me to discuss is the morbid anatomy of the various pneumonias. That, by the way, should be of especial interest to us since pneumonia has been so prevalent during the past winter.

In studying this subject we are at once struck with the number of varieties of pneumonia and number of names for each variety. But we will consider only lobar and broncho pneumonia. Lobar pneumonia is perhaps more familiar to us and of greater interest, but instead of discussing the three stages as is usually the custom, since I was enabled a few weeks ago to make a post mortem of a pneumonia patient, I have brought the lungs with me and will present them to the association, thinking it will be of more interest than a paper on that subject.

These lungs were taken from an old woman about sixty years of age. On opening the thoracic cavity I found the left lung in a collapsed condition, of the usual slate color and soft. I have tried to inflate the lower lobe that you might compare an inflated lung with one in a collapsed condition. The right lung, as you can see, is very much larger than the left, several times heavier and was adherent to the right pleura. Although they have been kept in alcohol during the past few weeks and do not appear exactly as they did at first, still by close observation I hope they will serve the purpose for which they are intended. The dark red and granulated appearance on the middle lobe is where the lung adhered to the pleura and had to be torn loose. You will notice also that the lower and middle lobes are adherent. You will find only a small portion of the lower lobe that is of the dark red or mahogany appearance, due to the pneumonia. That part of the lung is hard and does not inflate so readily. The immediate cause of death in this case was probably due to inanition, pneumonia being the remote cause.

Only a few days ago I was interested in a post mortem examination made on a horse that had died from pneumonia. The general color of the lung was something like that of the human being, perhaps a shade lighter. The three stages of pneumonia could be demonstrated very clearly in the two lungs—both being diseased. The part not diseased was soft and crepitated easily on pressure. The congested part, or first stage, was of a brownish red appearance, due to accumulation of blood; was of a firmer feel than normal, inclined to pit on pressure, but air could still be pressed from one part to another. On section a thin blood-stained serum could be pressed from the cut surface. In the second stage the lung was of a dark liver color. All air had been pressed out and there was no crepitation on pressure. In the dependent part, where the pneumonia was more advanced, the lung was of a darkened and more dusky appearance, soft—due to the breaking down of tissue—and in some places pus had formed.

I tried very faithfully to get a specimen of broncho pneumonia to present to the Association, but as patients will sometimes refuse to get well for the benefit of doctors, just so they refused to assist me along this line.

Broncho pneumonia is a disease not so frequently seen perhaps as lobar pneumonia, yet among young children and elderly people it is not uncommon. It is a disease confined to scattered groups of air vessels and usually extends to both lungs. The gross appearance of a lung affected by broncho pneumonia varies greatly with the extent and duration of the affected part. In a well marked case the air vesicles become solidified and fail to inflate with the other portion of the lung. When these solidified parts are near the surface they make small rounded nodules, and these nodules vary in size from that of a pea to a hazle nut and shade off into the surrounding zone of lung tissue, which may be in a state of edema, congestion or emphysema. In some instances these consolidated spots become confluent and an entire lobe may be affected and resemble very much the gray hepatization of lobar pneumonia.

*MASTOID INFLAMMATION WITH REFERENCE TO TREATMENT, ESPECIALLY THE PREVENTIVE TREATMENT.

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Mastoid inflammation is the first step in the major complications of inflammation of the middle ear, and as such deserves our earnest consideration both as to its prevention and cure. For all practical purposes it may be said to arise only as a sequel of purulent otitis media, and the majority of reported cases occur in the course of a chronic suppuration, although in my personal experience the condition has most frequently complicated acute otitis media. In the ear then is where the treatment of mastoid inflammation properly begins, and the preventive treatment is the proper treatment of middle ear suppuration. As the first proposition it seems appropriate to dwell on the importance to the general practioner of familiarizing himself with the use of the head mirror and ear speculum, a thing easily learned and of great practical value. When we consider that the drum is situated an inch or more from the surface it will be readily seen that only by the use of the mirror and the speculum can any information be gained as to the condition of the middle ear. It is not worth while to speak of the normal appearance of the parts or the alterations produced by disease. Suffice it to say that the changes are pronounced and easily recognized in acute otitis media, while in chronic suppuration the presence of the discharge and the history of its duration practically make the diagnosis for us without inspection. In the treatment of chronic suppuration, which may be first considered since it can be quickly outlined, the various intratympanic treatments by injection and otherwise, together with the minor operations, such as removal of polpi, curetting and ossiculectomy, may be left to the otologist who is conversant with them. For most cases the treatment that can be easily carried out and which in many cases will prove successful, consists in irrigation with a warm boracic acid or other weak antiseptic solution, followed by thorough drying of the ear with pledgets of cotton or strips of clean blotting paper, and then the blowing in of a small quantity of boracic

* Read before the Mississippi State Medical Association.

acid, or acetanilid. The interval between such applications must be regulated by the amount of discharge, but once a day usually suffices. Chronic suppurating ears should be treated and the patient should not be told, as is sometimes done, that the trouble will run its course, or may be outgrown, etc. I am sure it is not necessary to dwell on this point.

The treatment of acute otitis media is a matter on which some difference of opinion exists, and I will only give the results of my own experience. The great symptom is, as we all know, pain. The patient should be put to bed, given a purgative, hot applications (hot water bags or hot salt bags) applied to the ear and, if possible, the ear inflated by Politzer's method. If this does not give speedy relief the ear should be irrigated freely and frequently with water, as hot as can be borne, preferably by means of a fountain syringe. Opiates may be necessary, but should be sparingly used lest they lull the patient and the physician into a sense of security while the inflammation continues to develop. Should the hot douches fail to relieve I would urge the early incision of the drum by means of a properly constructed and very sharp knife, the little operation being performed under antiseptic precautions. In nervous and unruly children general anesthesia may be necessary, but satisfactory local anesthesia can be produced by painting the drums with a mixture of equal parts of cocain, menthol and carbolic acid. These solid substances rub up to form a thin syrupy liquid, and from a very large experience I can confidently state that the anesthesia it produces is perfectly satisfactory, much more so than that produced by carbolic acid alone, which causes a very disagreeable burning, while cocain solutions are, as we know, absolutely valueless.

A free incision involving one-quarter of the circumference of the drum having been made, a plug of sterile cotton is placed in the meatus and changed as often as it becomes soiled. The discharge is at first free and thin but later, from infection, will usually become purulent, when the use of the syringe is in order, used often enough to keep the ear clean. Inflation by the Politzer's method or otherwise, while the ear is discharging, while often advised, is, I think, not only of doubtful utility, but may force some of the secretion back-

ward into the mastoid cells and give rise to the very trouble which we are seeking to avert, namely, mastoid inflammation. If necessary to resort to some means to remove the discharge from the ear, aspiration is safer.

While we commonly speak of "abscesses in the ear" and "acute suppurative inflammation of the middle ear" we know very well that the exudation is at first serous and, as just remarked, presents this character when first liberated from the ear by paracentesis or spontaneous rupture and becomes purulent later from infection. When paracentesis is performed it is possible by strict antiseptic precautions to keep this discharge sterile, that is serous. This may be done by keeping the ear protected and drained with gauze packing and continuing to exercise the usual antiseptic methods at each dressing. We know that our efforts are successful when the discharge remains serous. The fact that the ear is in direct communication by way of the eustachian tube with a septic cavity, the pharynx, often nullifies our efforts to keep it sterile, but it can sometimes be done. Some cases are purulent from the beginning, as for instance the inflammation that complicates scarlet fever, while all cases are likely to become infected if rupture or paracentesis is long delayed. Did time permit I could quote cases to illustrate these points. Closely related to this question is the one of the bacteriology of acute otitis media. I reported to the Tennessee State Medical Society last year the results of the bacteriological study of forty consecutive cases from private work, in which the cultures of the secretion were made immediately following paracentesis. While the details may be seen in the article referred to, suffice is to say there is, in my opinion, no practical value in pursuing the practice of making the cultures, since they give no clue as to the course the case is likely to run and no hint as to the treatment. I have quit studying my cases bacteriologically.

I have said nothing of the use of any of the common forms of drops used in the ear for the relief of ear-ache. That some of them, especially if used hot, will allay the pain, there can be no doubt, but they are dirty and under the influence of the heat of the parts those composed largely of sweet oil will decompose and add to the irritation. Carbolized glycerine is the least objectionable and may be used in

five per cent. or ten per cent. solution, always heated or at least warmed before being instilled. In mild cases, and in the early stages of all cases, inflation of the ear by Politzer's method is often of service.

The advent of mastoid inflammation is announced by pain behind the ear, accompanied or soon followed by some tenderness, redness and swelling. It is not necessary to go into detail as to the symptoms and diagnosis, since the latter is usually easy enough to make. On the appearance of such symptoms the first and most important indication is to secure free drainage from the ear. If paracentisis or spontaneous rupture has not provided for this, a paracentisis must be done at once, and the ear treated as already indicated. The second important step is rest, secured by putting the patient in bed. Inclination of the head toward the affected ear gives us the benefit of what help the force of gravity can give in draining the ear, and should be practiced. Opinions differ as to whether hot or cold applications to the mastoid give the best results, but my personal experience leads me to prefer cold, applied by means of a little ice bag, which will have to be re-filled every one-half or three quarters of an hour. These applications should be continuous or almost so, for thirty-six to forty-eight hours, and if the symptoms persist the question of operation comes up. Various authors have laid down rules as to when to operate, but it is a difficult matter to decide these questions by rule. Suffice it to say that you can safely count on the local conditions being worse than the external symptoms would indicate, and the difficulty of diagnosing the conditions from external signs is fully as great as in abdominal diseases. The temperature is of no value whatever as a diagnostic sign. Of four recent cases which I have operated on, in two the temperature was normal and in the other two never as high as 100°F. and yet in two necrosis of bone had exposed the lateral sinus, (perisinous abscess) and in the other two the dura covering the temporo-sphenoidal lobe, (extra-dural abscess). The inference is that unless the symptoms yield promptly, that is in twenty-four to thirty-six hours, it is safer to operate than to wait. Here as elsewhere, the efforts of nature to bring about a cure are surprising, and the conditions must be extremely grave before we can truthfully say that a cure is impossible without

operation, but the risks of the operation are very small as compared with the risk of waiting. Indeed, except for what danger attends the giving of the anesthetic, the mastoid operation properly performed by one competent to perform it is free from danger. Operation does not mean simply incising the soft parts, even if such an incision liberates a collection of pus beneath the periosteum. Primary periostitis has gone the way of primary peritonitis, that is to say there is no such thing, and the trouble here is in the bone. A sub-periosteal collection of pus has originated in the bone, and we can by careful search find its point of exit. If we do, this should be our starting point in attacking the bone, otherwise a groove is cut in the bone behind the meatus and starting from this the entire cortex of the mastoid process is removed and the pneumatic cells, which are usually full of pus and granulation tissue, thoroughly broken down and cleaned out. When one reflects that the performance of this in a thorough and proper manner involves working in close proximity to and at times in contact with such structures as the lateral sinus, seventh nerve, horizontal semicircular canal and the brain itself, it must be apparent that this is work par excellence for one who is entitled to call himself an otologist, and that the average general surgeon is hardly better prepared to properly do this work than the average otologist is prepared to do an intestinal anastomosis. This opinion is based on seeing some of the work and results of general surgeons in this field, and is not intended in the least as a reflection on general surgeons or their operative skill, but it requires a knowledge of the disease and of the anatomy of the parts that few general surgeons have had occasion to acquire. This is hardly the place to go into details as to methods of operation, etc., but it may not be amiss to call attention to the relations of some of the important structures which concern us in the performance of this operation. The lateral sinus is one of the most important, and the drawings shown, one set copied from Goodlee, and the other modified from Politzer, show its relations to the ear and the path of operation. Next in importance is the facial nerve, lying more deeply, and which must be carefully avoided. Since it has been my misfortune to wound both of these structures during operation, I feel at liberty to say that

the mistake should not occur if the operator possesses definite knowledge of the anatomy of the parts and exercises due care in operating. Not the least important is the help given by a good and trained assistant in keeping the parts free from blood to facilitate inspection, not an easy matter when the bone wound is in question. Caution must not prevent us from doing a thorough operation and removing all diseased tissues, carrying the work of curette and forceps until sound bone is reached in every direction. By this means alone will secondary operations and the conditions necessitating them be avoided.

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*TREATMENT OF ACUTE LOBAR PNEUMONIA.

J. W. GRAY Jr. M.D.,
CLARKSDALE.

Mr. President and Gentlemen:

"Acute lobar pneumonia is an infectious disease due to a number of micro-organisms, of which the most frequent is the diplococcus pneumoniae. It is a general infection with a localization of the infecting principle in the lung, through which the specific toxine gains entrance to the general system." (T. G. Ashton)

"Toxaemia is the most common cause of death. The toxaemia may be severe and fatal, even with consolidation of only one half of a lobe, being, in reality, due to the action of the specific toxins on the heart centers, rather than on the muscular substance of the organ itself. The toxaemia outweighs all other elements in the prognosis of pneumonia." (Osler)

There are certain broad principles upon which the treatment of all acute infectious diseases must rest, if the treatment is to be successful. Given a pathogenic germ whose activity we cannot limit producing a toxin which we cannot antidote, it would seem that the first requisite in treatment should be elimination; next, or rather coincidentally, our efforts should be directed to sustaining the organism until elimination shall have been completed, the crisis passed and

* Read before the Mississippi State Medical Association.

the natural forces in condition to repair the damage which has been done.

These fundamental truths seem to be peculiarly applicable to the treatment of acute lobar pneumonia, for, in considering the literature on the subject, one is impressed with the almost innumerable and sometimes truly wonderful therapeutic measures so strenuously advocated.

With elimination firmly fixed in mind as the first essential and rest a close second, the treatment of this disease should not prove very embarrassing.

The profuse sweats during the course of the disease and oftentime copious diarrhœa at the crisis, are broad hints at elimination that we would do well to notice and regard more carefully than is the fashion to-day.

The furious search for new heart stimulants seems rather senseless when the toxin that is irritating the heart to the point of exhaustion is allowed to remain in the blood stream with so little effort at elimination.

Do not misunderstand me. I fully realize the fearful strain on the heart in a severe attack of lobar pneumonia, and shall touch upon that later, but just now I ask you to recall the numbers of cases in which there were serious valvular lesions which you have seen recover, and then attempt to recall one single case you have ever seen recover in which there was a serious lesion of any one of the great emunctory organs.

Is not the frightful mortality among the aged and the alcoholics due, in a large measure, to the impairment of elimination?

By elimination I do not mean exhausting sweats, drastic purgation or the administration of irritating diuretics; but thoughtful attention to every means of elimination, begun at the onset and assiduously looked after during the whole course of the disease, not allowing the numberless details which must be considered to distract attention from this essential factor.

Next in importance I place rest. The complete exhaustion of the convalescent shows how hard the fight has been, and the frequency with which the pulse drops to 60, 50, or even 40, after the crisis is passed, proves the heart to have been badly poisoned and sorely tried.

If the patient is writhing with the pain of a complicating pleurisy, give him rest with small doses of morphia or, preferably, dovers powder, remembering however that opium in any form is a dangerous remedy, chiefly through its power of checking elimination, and should be quickly supplemented with, and soon discarded for, a tight fitting bandage or a strapping of the chest wall.

The time honored blister should be avoided, as it is unnecessary and may perhaps prove dangerous through the absorption of cantharidin, and the frequent dressings necessary interfere materially with rest.

If he be consumed with thirst, give the patient rest and at the same time promote elimination by means of an abundance of cool water, lemonade or even lager beer.

Insist upon the use of the bed-pan and the urinal and let him take all fluids possible through a glass tube. This will save the heart much useless expenditure of energy. And above all give him rest from too frequent examinations and dosing with medicines. A thorough examination of the lungs and abdomen once in twenty-four hours is quite sufficient: and arrange your treatment so that medicine and nourishment will not come oftener than every three hours, unless obviously and urgently necessary. And let the nurse earn her wage in other ways than the hourly taking of temperature and the incessant arranging of pillows and bedding. A record of the temperature every three to six hours will give all the information required. And don't let the family and friends "love" him to death with their tender but annoying inquiries and solicitations. The poor man needs mental and emotional as well as physical rest.

Having sketched the general outline of the treatment as I see it, I will enter somewhat more fully into details.

Personally I have found calomel to be the best of all eliminants. Its action of promoting the activity of all glandular structures makes it invaluable. Not given in massive doses and pushed to the point of ptyalism for its supposed antiphlogistic effect, but given moderately and repeated as necessary. It is by far the best diuretic, and with proper regulation of diet it will prevent intestinal fermentation and the tympanites that is so serious a complication.

The fever in lobar pneumonia is a symptom deserving

very far less consideration than is usually given it. In the *initial* stage, before the nervous system has become accustomed to the high temperature, it may *possibly* be permissible, in strong patients, to administer a few doses of some of the coal tar group, but I wish to protest vigorously against their use in a routine way, as being highly dangerous. I have found tepid sponging with alcohol and water, or the cool limited pack, to answer every indication and to be much safer. After elimination has begun, when the nervous symptoms will have moderated, a temperature of less than 105° F. should be disregarded, as it will do less harm than the violent measures necessary to reduce it. High fever seems to have less bad effect in lobar pneumonia than in almost any disease I know. I have just discharged, convalescent, a little patient, aged 9, double pneumonia, whose temperature was 105½ to 104° F. for nine days, and in his case no direct antipyretic treatment was used.

I have found no place, so far, for expectorants, except beechwood creosote. As to diet, I use buttermilk as the standard, supplemented in the aged, debilitated and alcoholics with eggnog, milk punch, egg-albumen and expressed beef-juice. As the heart is the avenue through which death usually comes, it requires close attention.

If your efforts at elimination have been successful and the patient has obtained proper rest, that danger will, in a great degree, be averted; but it is sometimes necessary to use heart stimulants very vigorously to tide your patient over a crisis.

Strychnia, nitroglycerine, alcohol and normal salt solution are the most generally useful. There are very few cases in which strychnia will not be of benefit, especially in the later stages, and in some I have thought necessary to give 1-20 grain every two hours hypodermically, for forty-eight hours, in addition to brandy and salt solution. I have had no experience with oxygen.

When the pulse is almost gone, the surface cold and clammy and the cyanosis pronounced, a quart of salt solution by hypodermoclysis, with a full dose of solution of adrenalin chloride, will sometimes change the condition wonderfully and snatch victory from defeat.

Now as to "specific" treatment; I feel that I should al-

most apologize to you for mentioning the subject, but there has been so much discussion that every quota of experience may be helpful. For the past three years I have been using pure beechwood creosote in every case of pneumonia. I order ten minims in emulsion, preferably of petroleum, every three hours, and, as a rule, I have found it well borne. I was led to prescribe it by the fact that I had seen some very favorable reports on its use, and by the further fact that I use so little medicine in pneumonia that I had to give something to stop the annoying and injurious "fussing" and "meddling" of the attendants. I cannot say that creosote has shortened, definitely, the disease, but it has seemed to me, by its bactericidal action on the diplococcus, its stimulating action on the toxins, to have favorably modified the infection. During these three years I have treated by the method outlined forty-seven cases, ranging in age four years to seventy-nine years, with one death.

I am aware that the number of cases is too few upon which to base an opinion, but as the mortality has been less than the average I shall continue to use it until something better is offered.

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*OPIUM.

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Opium has been called the "Gift of the Gods." It might also have been truthfully designated as the snare of the devil. It is good and evil, joy and sorrow, pleasure and pain. It is the common centre where the antipodes of therapeutic and toxic forces meet and mingle.

It is not the purpose of this paper to enter into a comprehensive discussion of the physiological and toxicological properties of the famous drug that stands as a giant oak of the centuries in the forests of Materia Medica. It is proposed only to briefly call attention to a very few of its most potent energies.

The opium habitue is less liable to the ordinary diseases of the country than any other class of mankind. When this

*Read before the Mississippi State Medical Association.

king of terrors takes possession of the great nervous centres that preside over all animal functions, he fortifies them and says to the ordinary microbe "no admittance."

He holds high carnival in the halls of intellect, controls the dynamic forces of nerve matter and bids defiance, in a great measure, to the numberless vicissitudes and extraneous agencies that send their pathogenic forces from centre to circumference along the millions of nerve filaments that preside over circulation, secretion, nutrition, construction, disintegration, excretion and elimination.

He is, in other words, a merciless magnate that organizes and controls a lethean trust of all the great electric railways of animal life. He is supreme and invincible.

I will not say that the opium habitue has never been cured. I will not say that he is incurable. I only say that in forty-five years of a somewhat extensive and varied professional experience I have never known one to be cured. I have seen and heard of great numbers who profess to be cured, but in every instance, where the actual condition could be verified, the victim was invariably found to be clandestinely indulging the inveterate habit with a shrewdness, alertness and vigilance that almost defied detection, though possibly not to the extent of destroying his capacities for great mental activity and physical endurance.

When General Lee's army was preparing for the Gettysburg campaign, a brilliant young lawyer, who was a private soldier in the brigade of which I was at that time the ranking medical officer, came to me and said: "Doctor, I am an opium eater. My supply is nearly exhausted; I can not ask you to furnish me at the expense of the government, but if you can secure me a ten days' furlough to go to Richmond I have friends there who will advance me the money with which to purchase enough to last me through the campaign and I will make as good a soldier as any man in Lee's army. Without my accustomed stimulant I will fall out the first day." I knew he was right. I made the application for ten days' leave, stating explicitly the reason for asking it. When that paper reached General Lee it was shingled over with disapprovals from one end to the other. My own brigade commander had disapproved it, as had every other general and medical officer up to and including the Surgeon

General of the army. General Lee promptly approved and returned it. The man got his opium, endured all the hardships of that famous campaign and climbed the bloody heights of Gettysburg with the foremost and bravest of those sixty thousand heroes.

As a rule the man or the woman who is treated for the opium habit by any of the modern specific methods has the physical and intellectual capabilities for laudable achievement more impaired by the treatment than would have resulted from the continuance of the habit, except in those cases where the practice is secretly indulged after graduation.

When the drug is taken by the stomach many men and women indulge the opium habit to old age and yet retain a reasonable degree of mental and physical activity, but the hypodermatic victim is surely and speedily wrecked. A peculiarity of the hypodermatic fiend is his great reluctance to taking the drug in any form by the stomach. He will sometimes suffer agonies for hours, waiting for a hypodermatic injection, with opiates at hand that could have been taken at any moment.

It is probable that the use of opium as an intoxicant obtained to a limited extent among the Turks and Persians many centuries ago and that it was introduced among other people by the spread of Mohammedanism, but its first great impulse along that line was communicated one hundred and fifty years ago when the English government, through the East India Company, forced its opium upon the Chinese.

Bill Arp said that the Christians of New England sent bibles and rum to the Africans by the same ships. They gave away the bibles and swapped the rum for negro slaves to sell to the southern people. England certainly sent opium and missionaries to China on the same ships. Both of these importations were stoutly resisted by the Chinese government. But Christian England took the precaution to send armed legions to escort her narcotic and ecclesiastical exports. With bullets and bayonets she cultivated the Chinaman's appetite for opium and enforced a toleration of the missionaries.

In 1796 the Chinese emperor, becoming alarmed at the rising tide of opium drunkenness which England had inject-

ed into the veins of his people, attempted to arrest it by putting to death all the opium habitues and ordering a wholesale confiscation of their goods, but all in vain. In 1820 the Chinese government again resorted to rigorous legislation against the opium habit, but the commercial classes, true to the greed and avarice that has characterized them in all ages of the world, lost no opportunity to violate the law and encourage the nefarious trade and stimulate the deadly vice. In 1839 the Chinese emperor determined to make one more effort to rescue his people from the deadly coil of the narcotic English serpent by ordering a sweeping destruction of all the opium in the empire. More than twenty thousand chests were thrown into the sea under this edict, and this brought on the "opium war" which resulted in China being forced to legalize the crime against the physical, moral and intellectual opportunities of her people

Napoleon said of China, "There lies a sleeping giant," and England is determined to keep the giant asleep while she and other Christian nations keep their hands in the giant's pockets.

China has the oldest civilization in the world and the only stable government in history. She taught astronomy, philosophy, mathematics, theology, jurisprudence, music, poetry and painting three thousand years before the Christian era. Some of the moral precepts promulgated by her great teacher, Confucius, have never been improved upon in either ancient or modern times, in fact many of them may be found almost literally in the New Testament, although Confucius lived five hundred years before the Saviour was born. But that was before the great Christian nation had inundated China with missionaries and made them drunken with opium. And yet, beclouded as her faculties are to-day by the opium of Christian England, education in China is more widely and generally diffused among her male population than in any other country on earth.

Opium smoking was introduced into this country by the Chinese on the Pacific coast. We are told that the first American to adopt the habit was a California gambler in 1868. He introduced it into his circle of dissipated sports and so rapidly did the vice lay hold upon the American appetite that in less than twenty years there were twenty

thousand opium smokers in the United States. China is giving us a taste of English virtue.

The opium habit is vastly and alarmingly on the increase in this country and it is estimated that seventy-five per cent. of the poor, helpless, incurable victims may justly lay their wild-eyed malady at the door of the doctors. And if the deadly habit could be throttled and strangulated and extinguished to-day as the emperor of China attempted to do more than one hundred years ago, there is little doubt that the physical degeneration, the neurotic infirmities, the moral obliquity and intellectual shrinkage stamped upon the procreative functions of the American people would tell upon their generations for a hundred years to come.

The hypodermatic administration of morphia was inaugurated in 1843 by Wood of Edinburg. From that day to this the opium habit has grown almost as rapidly as the appetite for tobacco after its introduction to the social clubs of England by Sir Walter Raleigh, but with far more pernicious and deadly effect. Tobacco defied the edicts of kings, the laws of Parliament, the bulls of Popes, the appeals of pulpits and the prayers of the righteous. Opium is establishing a similar record throughout the moral vineyards of Confucius, Buddah, Islam and the meek and lowly Nazarene. From natural causes opium intoxication is growing more luxuriantly and extending more rapidly among the inhabitants of the United States than any other Caucasian people.

The spirit of adventure and investment, of gambling and illegitimate speculation, together with the morbid eagerness to hastily accumulate abnormally large fortunes, has engendered a commercial erythism and a national neuropathy, which spontaneously appeal to the solace and stimulus of opium, and which will descend to posterity through a long line of neurotic heredity. This is especially true of urban populations.

If we were dependent upon the population of the cities for race integrity we would ultimately degenerate into a herd of intellectual pigmies, epileptics, lunatics, coruscating fanatics and hysterical simpletons. Fortunately, in the province of God, the great, robust, comprehensive, contented self-poised, uncontaminated, rural people will continue to

furnish blood, bone and brain with which to reinforce the weak, watery and meandering blood currents that supply the impoverished economies of the urban generations.

Opium, dating back more than two thousand years to the time of Hippocrates, four hundred years before the Christian era, has stood, still stands and will doubtless remain for unnumbered centuries absolutely without a rival in all the realms and ramifications of pain. It is the central orb of the anodyne galaxy around which a thousand satellites roll their puny energies.

The action of opium upon the nervous centres and through them upon the various tissues is distinctly different in the higher from the lower organizations of animal life. In animals, birds, fishes and reptiles, in fact in all the lower vertebratae, opium expends its specific force primarily and most potently upon the spinal cord. In man its impression is first and chiefly upon the brain. In other words, it promptly seeks lodgment in the nervous centres of highest organization and that predominate in functional activity. The dog has the highest and finest brain development found below the line of man in the fixed and permanent order of creation, and consequently has a greater degree of intelligence and nearer approximation to the reasoning faculties and to the possession of human sympathies than any other animal, hence it is that repeated experiment has demonstrated beyond question that in the dog the action of opium is directed to the brain rather than to the spinal cord, the manifestations of both therapeutic and toxic doses rising nearer to the scale of symptoms characteristic of its action on the nervous centres of man.

Long before statesmen anticipated the advent of the race problem in its present aspect; before Roosevelt and Booker Washington were born to vex the theory of a white man's government; before self-sufficient ecclesiastical lights had arisen in the south to advocate and promulgate the heresy that Christianity demands the elevation of all races along the same line and by the same means, regardless of the effect upon white civilization, human liberties and constitutional government; before any of these noxious sentiments and false philanthropies had cast their miasmatic haze across the mental vision of honest, unprejudiced investigation, it had

been discovered that opium, true to its selective function, when administered to the negro makes its impression first and preferably upon the spinal cord. The same is true to some extent of the Malay race, the next in depth of color to the negro.

Thus it seems that opium takes the witness stand in silent but eloquent testimony of omnipotent wisdom in drawing the color lines in the economy of creation for the preservation of race integrities and to fix forever the limitations of their capacities as progressive and governing elements.

We propose to emphasize only a very few pathological conditions or departures from the normal status of health in which the physiological action of opium is positive, absolute, undeviating and supreme.

In "post partum" hemorrhage, opium is simply master of the situation. It is not only the best, safest and most comfortable for both patient and physician, it is the only remedy essential to the safety of the woman. "Post partum" hemorrhage is the result of nervous perturbation or disturbed innervation.

Immediately after delivery of the placenta the uterus may contract promptly and very firmly, but if in consequence of the shock incident to labor the equilibrium of the nerve forces have not been restored, the extra supply of nervous energies which sometimes excites a somewhat exaggerated contraction immediately after the uterus is emptied may be suddenly withdrawn, with consequent relaxation and alarming hemorrhage.

This is the emergency that is swiftly and effectually met by opium. It restores in fifteen minutes, as no other known remedial agent can do, perfect harmony of nerve supply, giving to the uterus exactly the normal amount of nerve stimulation and no more, not only securing immediate, but what is far more important, safe and permanent tonic contraction.

It is a judicious precaution to charge your hypodermatic syringe with one-fourth grain of morphia and one-fortieth strychnia, placing it where you can lay your hand on it without even rising from your seat. It will facilitate matters if the sleeve is so adjusted as not to delay action a second in the event of sudden alarm.

When the first signal of danger is raised administer the morphia at once before attempting to do anything else, no matter how urgent the demand. Then all that is necessary to do is to grasp the uterus firmly but very gently in the hand and hold it till the morphia takes effect. If the full impression is not apparent in thirty minutes the dose should be repeated. As soon as the patient begins to rub her nose you may turn loose your grasp upon the uterus, the battle is won, the danger is past, you need no interference whatever with the uterus; no ice, no hot water, no astringent injection, no intrauterine medication, mechanical or otherwise. Especially you do not need to thrust your hand into the uterus to turn out the clot, excite contraction and plant an infection. I did that a few times in the early years of my practice till I learned to think for myself. I have not tampered with a flabby, bleeding, post partum uterus in thirty-five years. I have lost no cases and had no bad results. I have relied upon opium with careful, gentle, external manipulation.

Gentlemen, I trust you will pardon a strong expression. I do not mean to be censorious, I simply mean to be emphatic, when I say it is little less than professional brutality to torture a poor woman at the gateway of death with all these rude, harmful, cruel manipulations when all on earth that is needed is to bring her in fifteen or thirty minutes well under the influence of opium and let her rest, let her sleep and feel happy with absolute security of life and restoration to health.

The same principle and management applies with equal certainty and effect in abortion. After the foetus is expelled, if the placenta is retained, as it often is in the early months, all that is necessary is to tampon the vagina with absorbent cotton, give two grains of opium and go your way. Returning in twelve or twenty-four hours and removing the tampon you will find the placenta sufficiently expressed to enable you to remove it without difficulty. In some cases it may be necessary to repeat the opium and wait two or three days before the secundines are expelled.

Not long ago I was hastily summoned by my old friend Dr. H. J. Small to a very frightful case of hemorrhage in a blond, healthy, vivacious primipara who had been delivered

ten days previously of a healthy boy without any complications or subsequent trouble. The doctor, who had answered the call promptly, found her blanched, cold, nervous, with pulse barely perceptible at the wrist. He only took time to administer a 1-4 grain of morphia with strichnia before 'phoning me. As it was near by I was there in a few minutes. The morphia was already beginning to restore uterine contraction, but there was no other evidence of reaction. A hasty examination discovered an enormous clot in the vagina which was promptly turned out. The uterus also held a very large clot with which we did not interfere but at once gave four grains of opium, under the influence of which the the uterine contraction became firm and steady, the pulse returned, the skin was soon warm through complete restoration of the capillary circulation, while she slept softly and sweetly as an infant. The uterus held its grip on the clot, expelling it in twenty-four hours and reducing itself to its normal size. There was no further trouble and she made an uninterrupted recovery.

This is only one of many similar cases, and is simply introduced to illustrate the specific effect of opium in such conditions.

It would be amusing if it were not so serious, to note the grave warnings sometimes given by medical writers against the danger of giving opium in uterine hemorrhage to the extent of producing uterine relaxation, when the evidence is as incontrovertible as any principle in therapeutic law that opium establishes and maintains tonic contraction of the uterus. But it is in strangulated hernia that opium rises to the full measure of its supremacy. Armed with opium alone you may approach any uncomplicated strangulated hernia with the calm and unqualified assurance that its obstinacy will lie down before you as tamely as the lion crouches to the whip of its keeper. If this vital truth could be generally recognized it would literally drive the knife from the field of operation for strangulated hernia. For forty years I have waited in vain for a case of strangulated hernia that might justify an operation. In every solitary instance opium has rescued the patient from the perils of chloroform and steel. A brief report of only a very few cases will serve to illustrate the principle.

A man wearing a truss for inguinal hernia was in the woods, coon hunting, at night by himself. In jumping across a branch the hernia was violently forced past the truss pad and instantly strangulated. He was at once in great pain, could not stand erect and told me that he thought he would have to die in the woods. He finally reached home about one o'clock, but said he crawled on hands and knees for half a mile. The tumor was large, tense and tender. He was in great agony. I made no attempt at reduction. Gave a half grain of morphia hypodermatically, waited an hour and gave one fourth more. Left him with promise to return next morning and reduce the hernia. When seen next morning he was sleeping soundly, tumor reduced in size, soft and free from tenderness, slight taxis, readily reduced without pain.

Dr. Small and myself were called one afternoon to see a gentleman suffering greatly with strangulated inguinal hernia. We gave him two grains of opium and left six grains in two-grain capsules to be taken every two hours till he slept soundly. He took two of them, making six grains in all. When we returned next morning he was entirely comfortable, having easily reduced it himself during the night.

About three months ago, returning at noon from a professional visit, I found a man lying on a lounge in my office with strangulated inguinal hernia. I made no attempt to reduce it but requested my partner, Dr. Baskerville, to give him two grains of opium and repeat in an hour if he did not sleep. I went to dinner and returning, two hours later, found he had easily reduced it himself after taking a short nap, had gotten into his buggy and gone home.

Several years ago I rode into town late one afternoon, having been engaged all day with professional work in the country, and was immediately called to the assistance of Drs. Holman and Dabney, both well educated, intelligent and competent physicians. They had on their hands a very badly strangulated inguinal hernia and had labored with it nearly all day without approximating a reduction. The patient had been thoroughly under chloroform for two or three hours, during which time the doctors had properly applied taxis by the regulation methods. The man had also been swung up by the heels to get the advantage of traction and gravitation while applying taxis, all without any per-

ceptible impression. I was called in and requested to operate on him. I declined to do so unless they would first permit me to try opium to the point of narcotism if necessary. They at first refused, saying and honestly believing that it was tampering with human life, and ridiculed the idea of opium accomplishing more in the way of relaxation than chloroform. I promised them if they would narcotize him that night I would reduce the hernia next morning.

They were skeptical, however, and did not give enough morphia during the night to make any decided impression on the tumor or the patient. I earnestly requested the privilege of administering the morphia myself and asked for two hours extension of time. They reluctantly consented but telegraphed at once for my friend Dr. Fullilove to come and operate. I lost no time in giving hypodermatically a half grain of morphia and at the end of half an hour, seeing that he was growing drowsy, I gave an additional one-fourth. I flexed the thigh on the body, placed a nurse to see that it was kept in that position and we all retired to meet again in two hours. When we returned at the end of that time the patient was gone. The nurse reported that he had slept heavily and snored for half an hour, then he partly opened his eyes, dropped his hand lazily and lightly on the tumor as though scarcely conscious and, as the nurse expressed it in his own language, "I heard it gurgle and the whole thing dropped back in a second." The man had gone about his business and as he lived some distance in the country we saw no more of him for months. The only credit I got out of it was to hear the report circulated that after all the doctors had failed and given Curtis up to die he relieved himself and ran away from them.

About two years ago I stepped off the train early one morning, having spent the previous night in consultation with a brother physician in a neighboring town, and met an urgent message to visit Shep Hill, a negro well digger, who lived a mile out of town, the messenger stating that his "ruption had got fastened and he was about to die." At the same moment I had a call from an excellent lady living five miles in the country who was in immediate danger of abortion. I requested my partner, Dr. Baskerville, to see Shep and suggested if he would give him a half grain of

morphia hypodermatically he would doubtless be able to relieve him. He found on inquiry that Drs. T. R. and C. H. Trotter had been with the patient the previous day and part of the night. They had faithfully and intelligently done every thing that could be accomplished with chloroform and taxis; in fact, had adopted all practicable means under the regulation methods and had then very properly informed the negro that it was impossible to relieve him without an operation and had requested that he be brought into town early in the morning for that purpose. These gentlemen, however, very courteously consented for Dr. Baskerville to see the suffering man. When I returned late in the afternoon, Dr. Baskerville informed me that he had complied with my suggestion and failed to effect a reduction. I then visited the patient with Dr. Baskerville and found a very large, tense scrotal hernia. I gave half grain of morphia hypodermatically, returned to town and asked my friend Dr. Small to see the patient with me. When we reached him this time it was night of the second day of the strangulation. Finding it still not readily reducible we gave him four grains of opium, leaving him some two-grain capsules to be taken during the night if he should wake. Early next morning, before I was out of bed, I received a note from Shep informing me that he had reduced the hernia with very slight pressure in less than an hour after we left and immediately had had a very copious fecal action. He wrote me that he was all right and wanted to know what he could eat. We saw him during the day, adjusted a truss and Shep is still digging and cleaning wells in fine health.

Fair and unbiased experiment will verify the proposition that these are some of the specific effects of opium. The question remains, what is the probable physiological action through which these results are reached? I am convinced that opium establishes and maintains a uniform tonic contraction of non-striated muscular tissues wherever found.

Chloroform is almost worthless and sometimes, probably, harmful in strangulated hernia, because it weakens the action of the cardiac muscles, diminishes arterial force, causing the blood to forsake the cutaneous and cerebral capillaries, producing visceral engorgement and no doubt aggravating the congestion of the ligated gut, increasing,

instead of diminishing, its size and resistance. This increased engorgement of venous capillaries in the strictured gut, by reason of reduced propulsive force in the heart and arterioles, is not compensated for by relaxation of the stricture for the reason that the constricting tissues are mainly ligamentous and not obedient to the relaxing effect which chloroform exerts upon striated muscle. Thus under chloroform you doubtless have increased congestion of the hernial tumor without relaxation at the point of constriction. It may possibly accomplish something by simply paralyzing both voluntary and involuntary muscular resistance to taxis, but that is all.

Opium on the contrary, through uniform tonic contraction of all the non-striated muscular fibre surrounding the arteries and arterioles, reduces the supply of blood going to the constricted gut, while the augmented propulsive energies drives it back through the dilated venous capillaries, naturally and logically reducing the bulk and tension of the hernial tumor. While this process is at work it is heroically supplemented by the uniform tonic contraction of all the non-striated fibre constituting the muscular coat of the bowel, thus systematically, harmoniously and persistently squeezing the contents of the swollen hernia, contracting its dimensions and dragging it slowly back through the narrow pathway toward its normal habitation. We know what the tonic contractile force of opium is upon the non-striated muscular tissues of the uterus, the iris, the arteries, the intestines and the bronchial tubes, and the rational deduction is that it is through the operation of this same physiological law that it renders such material aid in the reduction of strangulated hernia.

Our State Medical Societies.

When the importance of these organizations is considered, with the good work they are doing, we fail to understand, remarks the *Medical Recorder*, how any legal practitioner of medicine can be contented until he has affiliated with his local society. All prejudice should be laid aside and each one should find that his fealty rightfully belongs to his state organization. Don't disqualify yourself by failure to join your local society. Be up and doing.—*Journal A. M. A.*

MISSISSIPPI STATE MEDICAL ASSOCIATION.

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Hygiene.—H. H. Haralson.....Vicksburg
Diseases of Children.—C. D. Mitchell.....Pontotoc
Venereal Diseases.—B. F. Duke.....Scranton
General Medicine.—H. L. Sutherland.....Rosedale
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STANDING COMMITTEES.

ON SCIENTIFIC WORK.

J. J. Haralson, Forest; Nolan Stewart, Jackson; G. S. Hunter, Bolton.

ON PUBLIC POLICY AND LEGISLATION.

T. J. Mitchell, Jackson; J. J. Haralson, Forest; J. M. Eckford, Starkville; J. M. Catchings, Hazlehurst; B. D. Cooper, Duncan.

ON PUBLICATION.

J. J. Haralson, Forest; E. F. Howard, Vicksburg; H. H. Haralson, Vicksburg.

COUNTY SOCIETIES.

Hinds County Medical Society met in regular session at Jackson June 14th., the following being present:—T. M. Price, Raymond; A. McCallum, Edwards; G. S. Hunter, Bolton; W. L. Britt, Pocahontas; and Culley, Harrison, Crisler, Crook and Turner of Jackson. Cases were reported by Drs. Culley, Harrison and Crisler and all present joined in the discussions. The next regular meeting will be held in Jackson on the second Tuesday in July.

Warren County Medical Society held its regular monthly meeting at Vicksburg June 14th., Dr. H. B. Wilson being the essayist. The next meeting will be held July 12th., when Drs. E. C. Hunt and J. A. K. Birchett will present papers.

THERAPEUTICS.

Cold Abscess.

The treatment of cold abscesses, according to Prof. Lannelongue in *Med. Press*, should be at first directed toward the general condition of the patient. Sea air, nourishing food and cod liver oil, are of service. Locally the best treatment is tapping, followed by an antiseptic injection. Different liquids have been employed by the author, such as tincture of iodin, zinc chlorid, silver chlorid, camphorated napthol and iodoform in ether. The last two are preferably used. Before tapping the abscess the parts should be washed with soap and water and finally with alcohol. The point at which the trocar is inserted is of importance; it should be selected a little beyond the limits of the abscess so that before penetrating into the cavity the instrument should pass through healthy tissue. This point should be situated at the highest part of the abscess, and not in the lowest, as in ordinary inflammatory suppurations. In observing these precautions a secondary fistula may be avoided. After anesthetizing the point chosen with chlorid of ethyl or a solution of cocain (1-100) the trocar is inserted slowly until the cavity is reached, when it is withdrawn, leaving the canula. After the cavity has been drained the antiseptic fluid should be injected. It must be remembered, if camphor napthol is used, that it is not an inoffensive preparation, and accidents may happen. The dose should not exceed half a dram.

If Iodoform in ether is used, one dram may be injected slowly to avoid pain, and after the ether has evaporated the powdered iodoform remains in the cavity, when a small piece of sterilized gauze may be inserted and held in position by collodion.—*Journal A. M. A.*

EDITORIAL.

OFFICIAL ORGAN OF

THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss., by E. F. Howard.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

The following self-explanatory letter has been received from Dr. J. W. Barksdale, of Vaiden, who, it will be remembered, at the earnest solicitation of his fellow-members, undertook the task of taking in shorthand the discussions of the papers read at the meeting in Jackson:

VAIDEN, MISS., June 6th. 1904.

Dr. E. F. Howard, Vicksburg, Miss.

DEAR DOCTOR:—Yours of the 26th inst. was duly received, and I regret very much to have to report that I find myself unable to transcribe the notes of the discussions with any degree of accuracy, and, therefore, would prefer not to undertake it. I greatly feared this when I was asked to make the effort, which I did only after such insistence as to make it appear that I was unwilling to do the work, but I now find that it was a case of "Love's labor lost," and that my time was thrown away. It would have given me much pleasure to do this for the Association had I been able to do so, but the lapse of ten years in a line of work that requires practice all the time is the best excuse that can be offered.

Yours very truly,
J. W. BARKSDALE.

The loss of these discussions is to be regretted, since many of them were earnest, pithy and very much to the point, but no blame can be attached to Dr. Barksdale. On the contrary he deserves the thanks of every member of the Association for having put in so much hard work over a task that lack of practice made doubly tedious. In the words of our clever brother in the Delta: "He done his damndest, angels could do no more."

We beg to call the attention of the County Societies to the fact that the *Journal* has a claim on each and every one of them. In the interest of the State Asssociation, it is their duty to aid in making it as interesting as possible, in making it the representative of organized medicine in Mississippi. The County Societies should be the news gatherers and a very few minutes spent once a month by each of the various secretaries will place the doings of the Association before every member thereof. To this end we will devote a part of the *Journal* each month to "County Societies" and earnestly hope that by our next issue all the Societies will favor us with their quota of news. We also request the papers read at the meetings.

BOOK REVIEWS,

Concerning the Effect of Saline Waters on Metabolism. Part IV of the Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition by Prof. Dr. Carl von Noorden. E. B. Treat & Co., New York.

Sodium chloride forming such an essential feature in the human, and animal, economy, this little book will be read with considerable interest, since few physicians pay particular attention to its administration even in disease, the general view being that each individual will, by the cravings of his appetite, decide the question for himself. And since diseases of nutrition constitute a material part of the physician's work it will be of interest to him to know that the quantity ingested has a very material bearing on the results of the case. Dr. von Noorden's investigations cover a period of twelve years at various spas and have been made with a thoroughness characteristic of his race.

Obstetrics. Part V of the Practical Medicine Series of Year Books. The Year Book Publishers, 40 Dearborn St., Chicago.

The past year has been unusually fruitful in writings on obstetrics and therefore Dr. Lee, the editor of this work, has had ample material from which to draw. Although many difficulties that are met in this branch of medicine are yet open questions, the past twelve months have shown considerable advances and the various theories of the unsolved problems make interesting reading. The chapters on The New Born Child and Operative Obstetrics are especially noteworthy.

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ORIGINAL CONTRIBUTIONS.

ADDRESS ON HOOKWORM DISEASE OR UNCINARIASIS, WITH SPECIAL REFERENCE TO ITS ERADICATION.

CHAS. WARDELL STILES PH.D.,

CHIEF OF DIVISION OF ZOOLOGY, HYGIENIC LABORATORY; U. S. PUBLIC HEALTH AND MARINE HOSPITAL SERVICE.

Mr. President and Physicians of Mississippi:

Before passing to my subject, I desire *first* to present to you the compliments of Surgeon-General Wyman, with his best wishes for a successful meeting, and *secondly* to thank you for the honor you have conferred upon me by asking for my detail to attend this meeting in order to address you upon the subject of hookworm disease.

At the risk of repeating facts already known to you, let us first consider the general structure and life history of the parasites which cause this disease, in order to have a biological basis for our further discussion on the diagnosis, symptoms, treatment and prevention of this malady.

Species of hookworm in man.—Most of our American cases of uncinariasis are caused by the American hookworm, *Uncinaria americana* (*Necator americanus*), which is found from Virginia to Brazil. Some cases, however, are due to the Old World hookworm, *Agchylostoma duodenale*, which is found more particularly in Europe, Asia and Africa.

General Structure.—The hookworms of man are about one-fourth to one-half an inch (more exactly 7 to 18 mm.) long and about as thick as an ordinary hat pin. The anterior end is bent dorsally in the form of a hook, so that the

mouth appears as if it were on the back of the head. This mouth is provided with two pairs of lips in the American parasite and with three pairs of hooks in the Old World species. Following the mouth is a strong cupshaped buccal capsule, provided in the American parasite with a prominent dorsal tooth and two pairs of lancet blades. The esophagus represents a strong muscular pump and is followed by the intestine which empties ventrally near the caudal end of the body. The caudal end of the male is provided with an umbrella like expansion, supported by socalled "rays" resembling the ribs of an umbrella; these rays were originally interpreted as hooks, and upon this fact the name "hookworm" was originally based. In the female of the American hookworm the vulva is situated in the anterior half, and of the Old World form in the posterior half.

Habitat.—These parasites inhabit the small intestine, and occasionally the stomach; they attach themselves to the mucosa, which they wound with the buccal armature (hooks, tooth and lancets) and suck the blood. They are very frequently surrounded by a more or less bloody mucous which seems to protect them from drugs used in treatment. It is well therefore to precede the anthelmintic with an aperient.

The parasites seem to produce a poisonous secretion, probably by the large glands which empty at the border of the mouth. The worms do not always remain attached to the same spot, but wander from one point to another, and this wandering seems to occur chiefly at the pairing or mating period. This wandering causes the formation of new wounds at the new points of attachment, resulting in hemorrhage into the intestine of the patient, and it is probably due (at least in part) to this that the patients' feces may be reddish and may contain blood.

Eggs.—The parasites lay numerous characteristic eggs. It is important to remember that these eggs do not develop to adults in the intestine of the patient, but that for every hookworm in a patient a separate larva must enter the body. The eggs are discharged in the feces and it is upon their recognition by means of microscopic examination that the diagnosis can best be made.

The eggs are so characteristic that they should not be mistaken for the eggs of any other parasite of man, as the

pictures I now throw on the screen will readily convince you. In each egg there develops a small embryo, the time necessary for this varying according to conditions of heat, moisture, etc. In some instances, it appears that the embryo of the American parasite may form before the egg is oviposited by the female. Under ordinary conditions in summer, the embryo may be recognized in the egg within a few to ninety-six hours after the feces are passed.

Embryo.—The embryos escape from the shell, move around in the feces, and undergo an ecdysis, or casting of skin; the larvae then feed further and again retract from their skin, forming the socalled "encysted stage". They now take no further food until they enter the body. It is this third stage (namely after shedding their second skin) which enters man.

Infection.—Infection may take place in either of two ways, namely, *first*, through the mouth, either by soiled hands, contaminated food or infected water, or *secondly*, by boring through the skin, giving rise to a case of ground itch.

After gaining access to the small intestine of man, particularly the duodenum and upper jejunum, the worms undergo two further ecdyses, and at the same time assume the structures characteristic for the adult parasites. They then copulate and produce numerous eggs.

Classes of cases.—We may divide the patients into three general, but not distinctly defined, classes of cases:

First, we find people who show a few hookworm eggs in the feces, but who are apparently quite healthy; these cases have given rise to the view among some practitioners, that hookworms are of no importance from a medical standpoint. It is however necessary to take exception to this view. The fact that one or two hookworms do not produce serious symptoms in an adult man is no proof that several hundred or several thousand hookworms may not prove fatal to a child. Still other physicians have told me that they consider it unnecessary to treat these light cases. Again I am forced to differ, for it may be these very *light cases* which, if allowed to go untreated, will spread the infection and thus give rise to severe infections. We should, therefore, lay down the general rule that no case of hookworm disease is too light to be worthy of treatment.

Secondly, we find people who, in addition to the presence of hookworm eggs in the stools, exhibit a more or less severe anemia, but there seems to be nothing in particular which distinguishes macroscopically these *medium cases* of hookworm disease from other cases of anemia.

Finally, we find *severe cases* of hookworm disease, represented by the typical dirt eater.

Symptoms.—If there is any physician present who has not recognized as such a case of hookworm disease, he has but to recall the typical "dirt eater", the "shad belly", the "sandhiller", the "barrenite", the "stunted cotton mill child", the "anemic cotton mill hand", or the "poor whites" of the rural piney wood and sand districts, and he has before him the general clinical picture of hookworm disease. Let me review briefly one of the most severe cases in order to recall the symptoms [1] to your mind.

As a general rule, the *symptoms* are more severe among the whites than among the negroes; more severe, in my experience, among women and children than among males over twenty-five years of age; the patients are more common in rural districts than in cities, and occur in groups of cases in the same family or in the same neighborhood; my experience is that the disease, while not entirely absent from clay districts, is preeminently a disease of the sand and pine wood districts; it is more severe in the summer and fall than in the winter, and thus it shows a seasonal periodicity; it will be found to be more prevalent in moist years than in dry years. The period of incubation (at least before the malady can be diagnosed by finding the eggs) is from four to ten weeks. Stages are not necessarily defined; duration may be years.

External appearance.—There is a general lack of development, both mental and physical; the skin is waxy white to yellow, tan or tallow; hair is found on the head, but it is more or less absent from the rest of the body in case infection took place before puberty; breasts are undeveloped; nails are white; external genitalia are more or less rudimentary; the face is anxious, and may be bloated; conjunctivae pale; eye more or less dry, pupil dilates readily; the eye has a pe-

1.—For a more detailed account of the symptoms, see Bulletin 10, Hygienic Laboratory, U. S. Public Health and Marine-Hospital Service. Applications for this bulletin should be addressed to The Surgeon-General, U. S. Public Health and Marine-Hospital Service, Washington, D. C.

culiar fish-like stare; teeth often irregular; tongue frequently marked with spots; cervical pulsations prominent; thorax and arms emaciated; heart beats often visible; abdomen frequently with "potbelly"; legs emaciated, frequently edematous and with wounds or ulcers of long standing; very commonly there is a history of ground itch.

The *urine* is 1.010 to 1.015, may be acid or alkaline, and in advanced cases it may contain albumen without casts. The *feces* vary in color; they contain eggs, and may be reddish brown and may contain blood.

Circulatory system.—The anemia is pronounced, generally corresponding to the degree and duration of the infection; the blood is watery, with decreased red blood count and with eosinophilia; patients frequently complain of "heart disease"; hemic murmurs present; pulse eighty to one hundred and twenty-two per minute.

Temperature subnormal, normal, or to 101° or 102° F.

Respiration may be difficult, slow, or increased to as high as thirty.

Muscular system.—There may be progressive emaciation and great physical weakness.

Digestive system.—Appetite poor to ravenous; an abnormal appetite is frequently developed for pickles, lemons, salt, coffee, sand, clay, resin, or other objects.

Nervous system.—There may be headache, dizziness, nervousness, mental lassitude, and stupidity; testimony of patients is unreliable.

Genital system.—More or less underdeveloped; menstruation irregular or absent, especially in summer; there seems to be marked tendency to abortion.

There are several points in connection with these symptoms which I will discuss more in detail.

The "Hookworm stare".—In my "report" (1903) in Bulletin 10, Hygienic Laboratory, U. S. Public Health and Marine-Hospital Service, I described a peculiar eye symptom which I had noticed in hookworm patients. This symptom has been received with some incredulity on the part of several very eminent northern physicians. Since publishing my report, I have observed this stare in a number of cases, and have received letters from several physicians who have written to me that they have confirmed my observations. I do

not maintain that it is constant in every patient, nor do I maintain that it is absolutely diagnostic for this disease, but I do maintain the same view advanced in my report, namely, that it is a very striking symptom. I must leave the exact interpretation of this condition to men who are more experienced clinicians than I, for, as stated in my report, I do not claim to be a clinician.

Feces.—My description of the feces has been confirmed by some observers and not confirmed by others. Some men have denied the presence of blood in the stools and have failed to obtain the reaction described as the blotting paper test.

Regarding the presence of blood in the feces there can be no possible doubt, for I have repeatedly observed red blood corpuscles intimately mixed with the feces from severe cases and a number of independent observers report blood in the feces; these reports are so common in literature that their accuracy can hardly be questioned; Leichtenstern (1886) observed blood corpuscles in the feces. Grassi has shown that hookworms suck more blood than is necessary for their nourishment and that the excess of blood may be observed escaping from their anus. Observations by Leichtenstern (1887) seem to offer an explanation of the differences in results as described by various observers. He thinks that it is especially at the pairing or mating time, about 5 to 6 weeks after fresh infection, that the parasites move from place to place, producing fresh wounds, and giving rise to more intensely bloody stools, while he holds that the older parasites are more prone to remain in one place; hence intestinal hemorrhage would be less likely to occur when no mating parasites are present.

As for the "*blotting paper test*," I have repeatly stated that this is not infallible and should not be relied upon implicitly; it was suggested simply as an aid to be used more particularly by physicians who are not accustomed to the microscope. Some men have tried the test and have reported negative results. Since then, I have repeated the test both with blotting paper and with ordinary newspaper and have repeatedly obtained positive as well as negative results. It is self understood that the microscopic examination is much better than the blotting paper test, but most of

the cases of hookworm disease occur in the practice of physicians who do not own microscopes and for these men the paper test will often be found a valuable aid in making their diagnosis.

Sand and Clay Districts.—In my report I stated that hookworm disease is preeminently a rural sand district disease. This statement has been confirmed by some observers and disputed by others.

I am not aware that I have ever claimed that hookworm disease was *confined* to the sand districts, nor do I recall ever having maintained that it will not develop in clay localities. It has long been known that hookworm disease may be very severe and prevalent in a given locality, yet practically absent from another locality only a mile or a few miles distant. This fact, which has been observed in Brazil, for instance, was very striking in my southern trip, and it was equally striking that the severest infections were in sandy localities, and that the severe cases I found elsewhere had come from sandy places. I have not had an opportunity personally to investigate the non-sandy localities from which hookworm disease has been reported by other authors, hence I cannot give an opinion upon the conditions involved or a comparison with the districts I visited, but reviewing the subject in the light of my personal experience and correspondence as well as from data published by other observers, I see no reason at present for changing my opinion on this point. I do not deny the presence of hookworm disease in clay or other localities, but so far as my observations extend in the Southern Atlantic States, the malady is *preeminently* a sand district disease.

It has been stated to me that there are many dirt eaters in certain mountainous districts in this country, but the exact nature of the localities is not known to me. An investigation into the exact conditions involved will doubtless prove interesting.

Ground Itch.—The evidence in support of the view that ground itch is an initial symptom in many cases of hookworm disease seems to be increasing. As present it is certainly strong enough to demand that ground itch be looked into much more seriously than has been done in the past. When cases of this affection are presented to the practition-

er, it now becomes his duty to follow the patients for several months after the infection and to make a fecal examination at the end of about 6 to 8 weeks to determine whether hookworms are present in the feces. If the eggs are found, appropriate treatment should be instituted.

Economic Aspects of Hookworm Disease.—We may look upon a given disease from various points of view. The patient has his own views in the matter, and these are generally of a subjective nature, as will be readily understood. The physician is more objective in his point of view, for he wishes to cure the malady and relieve his fellow-beings from suffering. The civil authorities, while not ignoring the subjective feelings of the patient and the objective functions of the physician, have in addition a third side of the question before them for consideration, namely, the general economic conditions involved. Poor health on the part of the inhabitants of a given county or state not only reduces the earning capacity of the community, hence its productive capabilities, but also tends to give the locality a bad reputation which keeps investors and tourists away; it also decreases the enduring capacity of the inhabitants in case of war. Accordingly, when a preventable disease occurs in a given region, it is not merely the patients actually affected who should be remembered, but the healthy neighbors and the business interests of the community call for serious consideration.

Hookworm disease lowers the vitality of the patient; it reduces his money-earning capacity; it reduces the producing capacity of his county and his state; and it is a menace to his healthy neighbors. As a purely business proposition, therefore, as well as a humane proposition, and last but not least, as a patriotic proposition, methods should be considered looking to the eradication of this malady. Let us therefore consider how the disease may be eradicated and how the physician, in addition to his objective functions as a life-saver may best utilize his additional opportunities in connection with this disease in order to improve the economic conditions of his patients and of his community.

Prevention of Hookworm Disease.—From the life history of the parasite we see that the feces of the hookworm patients represent concentrated infectious material; we see

further that all cases of the malady are eventually traceable to eggs found in human feces. If, therefore, this concentrated infectious material is properly disposed of, the infection itself is done away with and, after this is accomplished, no new cases of hookworm disease can develop. The most rational and, at the same time, the most radical method of procedure therefore seems to be to properly dispose of the fecal discharges.

As an abstract proposition this might first appear to be a simple matter, but as a practical proposition it is not quite so easy. Unfortunately, many of the premises on which hookworm disease exists have no privies, and in fact I have found more or less of a prejudice against privies in certain rural districts and I have actually met with the view among some country people that it was a much better plan not to have any privy.

In some infected localities I have found privies of poor construction and totally lacking any proper care, and it required but little thought to account for the prevalence of the disease.

I believe that the quickest way to eradicate hookworm disease is to conduct a campaign of hygienic education among the inhabitants of rural districts. Let the state and local boards of health call attention to the necessity of building properly constructed privies, of using them after they are built and of cleaning them periodically after they are used. Let the physician, after seeing his patient, pass from the sick room to the yard in order to inspect the hygienic conditions of the premises, and let him instruct the father of the family in the methods by which this disease is spread; let him show that the expense connected with building a good privy will soon be met by a saving in bills for physicians, drugs and undertakers, and that it will result in better health and a greater earning capacity. Let the employers, for instance the cotton mills, call their men together and explain that carelessness in this very fundamental principle of hygiene has resulted in restricting the working capacity of the mill hands, and let the business interests generally insist upon better hygienic conditions as a protection to local business success.

I once made the proposition that men seeking employ-

ment in mines should be subjected to examination for hookworms and, if found infected, should be excluded from employment around the mines until they had been properly treated. I do not know whether or not I was the first to make this suggestion, which has been viewed as very radical by some persons, but the plan is now said to be in active operation in certain coal mines in Europe. It is not so radical as it might first appear, and it is in the interest of preserving human life. Were I at the head of a Southern cotton mill or Southern plantation, I should undoubtedly make the same requirement of every person applying for employment, and this I would do simply as a practical business dollars-and-cents proposition, on the ground that I could not afford to pay full wages to a person who was suffering from a disease which prevented him from rendering in return more than 50, 60, 70 or 80 per cent of normal labor, and which furthermore was calculated to reduce the laboring capacity of my other employees and of my district.

It may seem to you rather mercenary to hear me place this disease on a dollars-and-cents basis in this manner, but I believe this to be the quickest, most practical, and certainly a justified, method of combatting any disease which is spread through filthy habits due either to ignorance or carelessness.

In discussing the prevention of hookworm disease, some men lay great stress upon boiling or filtering the drinking water and others warn that shoes should be provided for children and that their hands should be kept clean. I do not for one instant ignore the value of these three precautions, but I consider that they dwindle into insignificance when compared with a proper disposal of the fecal matter. Furthermore, it is very difficult to convince the average country man that he should boil or filter his drinking water, and the chances are that his wife already has too many duties to perform to undertake additional work which seems to her extreme and more or less ridiculous; financial considerations often stand in the way of providing shoes for all the children of a large country family in moderate circumstances and the plan to keep the hands of an average farm youngster clean from the time he awakes in the morning till he falls asleep at night is a proposition which can be

properly discussed by no one except an only child in her graduation essay at the normal school or in her annual presidential address before a society composed entirely of maiden or childless aunts.

To my mind, the proper disposal of the fecal matter is more simple; further, it prevents the contamination of the water, hence decreases the dangers connected with drinking unfiltered or unboiled water; it prevents the infection of the soil, hence it removes the danger of skin infection and leaves to the young urchin one of his greatest pleasures in life, namely, the chance to run barefoot, to make mud pies and to wallow in the sand to his heart's content.

The proposition goes to the fountain head of all the hookworm infection and is one which can be impressed upon the reason of most men.

I therefore make an appeal to you, in the physical and financial interests of your localities, to inaugurate an educational campaign in connection with one of the most fundamental propositions in hygiene, namely, the proper disposal of fecal discharges.

A Properly Constructed Privy.—Privies should be located away from the kitchen, and the well or spring. They should be closed in such a way as to prevent animals from having access to the discharges. They should be excavated underneath at least a foot below the surface of the ground. They should be provided with a vault, or a strong box, or a barrel under the seat. Dirt should be thrown on the discharges daily. Finally, the receptacle should be emptied periodically, and its contents buried a considerable distance (one hundred yards if possible) away from the well or spring, and the kitchen.

Diagnosis.—In preventing the spread of hookworm disease, let us not overlook the unfortunates who are suffering from this malady. If you can recognize a typical "dirteater," and I am sure you all can, you can diagnosticate symptomatically a severe case of uncinariasis. If you find a dirteater in a family and you notice that there are other cases of anemia in the same family or the immediate neighborhood, the chances are that you have several medium and light cases before you in addition to the severe case represented by the dirt eater. If you have a micro-

scope, you should examine the feces of all cases of anemia and try to find the characteristic hookworm eggs. If you have no microscope, send a small sample of feces to a man who has such an instrument, and if you do not happen to know a physician or zoologist who can make the microscopic examination for you, send the sample to the Hygienic Laboratory, 25th. and E. Sts., Washington, D. C., and I shall be pleased to send you a report upon the case. Should you send specimens to me, kindly give me full details as to sex, age, occupation and race of patient, and also details regarding soil and locality of the patient's home.

Or you might try the paper test. Take several ounces of fresh feces, wrap it up in a newspaper or white blotting paper, and examine the paper after three to twenty-four hours to see if there is a blood stain. Recall, however, that the absence of a stain is not definite proof that hookworms are absent, and that the presence of a blood stain is not absolute proof that they are present.

Or you can administer a small dose of anthelmintic, either calomel, thymol or male fern, and examine the stools the next day for the worms. If hookworms are found, institute definite treatment.

Treatment.—The two anthelmintics most commonly used in uncinariasis are thymol and male fern. There are many variations in the details of treatment. I would suggest the following as one which has met with success:

First.—Place your patient on a milk and soup diet for two or three days.

Second.—Give an aperient to clear out mucus which so frequently covers the worm. For this purpose, Gratiaen (1888) and Kynsey (1893) advise the compound mixture of senna (2 ounces) and calomel (6 grains) divided into four doses, one dose to be given every two hours (at 12 noon, and 2, 4 and 6 p. m).

Third.—The following day give 2 grams (31 grains) of thymol at 8 a. m.; 2 grams (31 grains) at 10 a. m., and magnesia or other laxative at noon. These are adult doses, which should of course be reduced according to age.

Caution your patient not to take any alcoholics while the thymol is in his body.

Follow your patient closely, especially if he is weak, and give stimulants other than alcohol if necessary.

Let your anthelmintic treatment rest now for a week, but give your patient good nourishing food and iron.

Repeat the treatment once a week until the parasites are all expelled.

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*MALARIA: ITS CAUSES AND TREATMENT.

J. M. ALFORD M.D.,
ELLISVILLE.

Mr. President and Gentlemen of the Jones County Medical Society:

In coming before you with a paper on so common and familiar a subject as malaria, it would seem that I am due you an apology for an implied insult to your intelligence; but I assure you that the purpose of this paper is just the opposite of such a motive, as I have chosen this subject for the simple reason that we all know about it and can feel that each of us is due a hearing in the discussion of it, thereby enabling us to enter at once into an "at home" feeling, which will I trust ever characterize our relations to each other in this our County Medical Society.

And, too, I think it especially fitting that at this our first meeting we should give attention to that disease which is most common. For, as we all know, malaria is the clinical A B C of the southern physician; he gets acquainted with it at a very early age, usually before his feet have darkened the threshold of a medical college, and 'tis a fortunate youth who cannot relate his experience with calomel and quinine.

In this state we meet it every day, in season and out of season; like the poor, it is always with us. Of course malaria prevails to a certain extent in all the geographical divisions of the earth. It flourishes most in the tropical countries, but also abounds in the temperate zone. It exists more or less in every state of our union, but in our own state it dominates all other diseases, and in that region known as the Yazoo-Delta, when civilization first invaded there, it was so virulent that it hung like a pall of death over that fertile region

*Read before the Jones County Medical Society.

and, like the deadly Upas tree, that locality was shunned by the white race for they realized that they could only live there at the peril of their lives.

In the hilly section of our state we seldom see the more malignant types of malaria. In fact I have never seen a case of malarial hematuria in that section known as the "piney woods," but with that exception we have it here of all kinds and degrees.

It may be so mild as to amount to nothing more than a feeling of malaise, without any elevation of temperature, and pass off without any treatment, or it may seize the patient with a paroxysm so violent as to produce death in a few hours. Its symptoms may be so manifest that we can discern it at a glance or they may be so obscure as to defy the most expert diagnostician.

It has existed since time immemorial. Four hundred years B. C. Hippocrates recognized and treated it. The Apostle Simon Peter, blessed with the happy privilege of having his mother-in-law reside with him, was made doubly happy by having The Great Physician heal her of a fever which in view of its locality, near the sea of Galilee, was probably of malarial origin; and on down through the mist of ages we have sufficiently accurate descriptions of it to be able to recognize it as the same blighting pest which confronts us to-day.

I will not weary you with a lengthy dissertation on its etiology. I believe that it can be and is transmitted through the bite of mosquitoes; I also believe that it can gain access to our bodies by other means, notably through drinking water. Just now (March 2nd.) I am treating two cases of malarial remittent fever and have'nt seen a mosquito in three months.

Ever since the discovery of the plasmodium malariae by Laveran in 1838, there has emanated from the microscopical laboratories a world of useful and practical information in regard to the life history of malaria. They have proven that malaria can be transmitted through the bite of the mosquito, but they have not proven that it is transmitted in other ways. Personally, I believe that the malarial parasite has several cycles of existence and development, and that it can enter the human being at two or more periods of its existence. I

think the malarial parasite is transmitted from the mosquito to the human body in the fully matured bacillus; on the other hand, I believe that it exists in an ova, larva, or pupa form, and that in one or all of these forms can be transmitted by water and air to the human being where it attains its matured form of malarial hematozin. At any rate the bacteriologists are due quite a lot of explaining before we can reconcile their assertion of exclusive mosquito infection with clinical facts.

Our efforts at abolishing the mosquito by drainage of all stagnant pools and marshy lands will also help at suppressing all sources of malarial infection, so the clinician and the bacteriologist can agree on the prophylaxis.

To go into the symptoms and diagnosis of malaria would mean to write a small book in itself, so I shall omit that in this paper, but since an intelligent treatment necessitates some knowledge of its pathology I shall dwell a moment on the morbid condition that exists in malaria. As we all know, the primary lesion is in the blood and the bacteriologists tell us that the destruction of red blood corpuscles which can take place in even a short time is something enormous, and their information that the parasites break down and destroy the red blood corpuscles and are then free and loose in the blood stream gives us a cue on the treatment and especially does it explain the anemia which invariably results from a severe attack of malarial fever.

In discussing the treatment I do not propose to quote from or refer to any text-book as a source of information but shall state my opinion on treatment as it has come to me from a study of those drugs and methods with which we are familiar.

In order to thoroughly understand how some drugs have been credited with antiperiodic power, we must realize that a great number (probably a majority) of the cases of malarial fever would recover without the use of any medicine, yet we all know that satisfactory results will almost invariably follow the judicious use of properly selected remedies. Of course the one drug that stands preminently above all others is quinine. The salt that is almost universally used is the sulphate, which appeals to us on account of its cheapness. Many years ago when quinine was so expensive, its

cost was quite a consideration, and our ancestors very naturally chose the cheapest preparation, which was sulphate. The hydrochlorate contains the highest percentage of cinchona alkaloid and is less apt to produce nausea. The hydrobromate causes less disturbance of the nervous system. The bisulphate is the best salt for hypodermic use. Just here let me warn you not to give the acid solution of quinine sulphate hypodermically for it will almost invariably produce a slough. For persons who cannot swallow a capsule and for children, I use one of the tasteless preparations like Euquinine. This may be given in powder or suspended in syrup. I make mention of the various preparations of quinine because some persons can barely take it and we should use the preparation that will disturb them least.

By the way, when a patient informs you that he cannot take quinine you'd better give deference to his statement and get definite information in regard to his idiosyncracy, for if you proceed rashly to cinchonize him you may regret it. And, too, before dismissing the method of administering the drug it might be well to state that solutions of quinine administered per rectum will not be absorbed and therefore are not be relied upon.

The dose of quinine depends upon the severity of the paroxysm we wish to abort. Fifteen grains is sufficient for a mild paroxysm, but for the congestive form the dose should not be less than thirty grains. For the intermittent variety of malaria the quinine should be administered about four hours previous to the paroxysm. The administration should always be preceded by a thorough evacution of the bowels. And now I come to the treatment of the remittent variety and wish to confess right at the beginning that in this form quinine has been an absolute and unmitigated disappointment to me. In the summer of 1899 I had a personal encounter with an attack of malarial remittent which refused to be modified by quinine but obstinately persisted in remaining with me two weeks, and since that time I've had but little confidence in quinine in that variety of malaria. If a fever persists after the intelligent use of quinine for two or, at most, three days there is no need to continue to administer it any longer, as it only disturbs the patient and does not cure him. However if you are confident it is a malarial fever and wish

to continue the use of the drug, reduce your dose and combine it with other remedies that will probably be indicated. A favorite prescription with me is the following:

℞ Quinine Sulphate - - gr. xxxij
Salol - - - - - ℈ij
Caffein Citrated - - - ℈i
Phenacetin - - - gr. xxx–L

M. ft. caps. xvi. Sig: One every four hours until four are taken each day.

This combination, even though the dose of quinine seems small, will accomplish more and do it more easly than heroic cinchonizing. I am also opposed to the too free use of calomel and similar purges in the continued fever. If after the first thorough evacuation of the bowels there is a tendency to constipation, I am partial to the use of sodium hyposulphite, given in sufficient quantity in divided doses to obtain the laxative effect. See that the kidneys are kept sufficiently active and if a diuretic is needed the simple acetate of potash is usually effective, or it may be given in combination with other diuretics.

A few years ago a physician from the Yazoo Delta read a paper before our State Medical Association in which he lauded the use of Fowler's Solution of arsenic, and advised extremly large doses, stating that he had given as much as half a teaspoonful every two hours for two days in succession. He was of the opinion that malaria antidotes the effect of arsenic just the same as pain does that of opium. I accepted his statement joyously, for I was anxious to get acquainted with some remedy that would serve me better than those I was then using. But my experience has failed to corroborate his statement for my patients invariably vomit the large doses, and the smaller doses have no appreciable effect. I shall give it further trial before I abandon it altogether.

Malarial hematuria is so rare in this section of the country that we can hardly be interested in the discussion of it, and while many drugs have been advocated in this most serious form of malaria, the main issue at present is whether or not to give quinine. I believe that quinine not only does no good but that it is actually injurious, so my opinion is against its use.

I would use small doses of calomel for the liver and

small doses of turpentine for the kidneys. As methylene blue is reputed to be of some worth in malaria I have wondered what its effect would be in hematuria. The treatment of the anemia resulting from malaria consists of the use of the various tonics in general, but especially of some form of iron. The following combination will suit a majority of cases:

℞ Quinine Sulphate - - - ℥i
Ferri Redacti - - - - ℥iss
Strychnia Sulph } - - *aa.* gr. iss
Acid. Arsenious }
Aloin - - - - gr. iij
Ext. Gentian - - - q. s.
M. ft. pil. lx. Sig: One three times a day.

In that condition of anæmia where there is an albuminuria with edema of feet and ankles, the old fashioned Basham mixture is the best combination that we can use.

And, finally, there is a condition that comes from chronic malarial poison, and especially in chronic enlargement of the spleen that no known remedy will benefit and those people has best change climate for, in the light of our present knowledge, they will drift into a state of chronic invalidism that defies the world, the flesh and the doctor.

TREATMENT OF BRONCHO-PNEUMONIA.

H. L. SUTHERLAND M.D.,
ROSEDALE.

In a symposium on pneumonia, the inference is that we are to discuss the most common and grave acute diseases affecting the respiratory system, in which is included broncho-pneumonia or capillary bronchitis; and this grouping appears to me to be about as appropriate as to bring together typhoid fever and entero-colitis in a symposium on the acute diseases of the intestinal tract.

To correctly treat broncho-pneumonia, there should be no confusion of terms as there is with the laity in the designation of these diseases, and it were better for both if the

hyphenated word had not been coined. Broncho-pneumonia distinctly belongs to the bronchitis class. Lobar pneumonia is "sui generis."

In the 1895 Edition of Osler's Practice, lobar pneumonia is grouped with "Diseases of the Respiratory System", in which is also included broncho-pneumonia or capillary bronchitis, but in his 1903 edition, lobar pneumonia is placed with the "Specific Infectious Diseases" and more than five hundred pages from broncho-pneumonia to prevent, I suppose, their being read consecutively and confused.

The State Health Department of Massachusetts in a recent bulletin as to acute respiratory diseases, announces: "The term 'infectious' will include only lobar pneumonia and not catarrhal or broncho-pneumonia." In view of these facts, and the further consideration that nearly all internal medication now advocated in lobar pneumonia is aimed at combating toxemia by inhibition or dilution and conservation of vital power, we can readily see that the treatment of this disease is quite another proposition to that of broncho-pneumonia, or bronchial inflammation extended.

I suppose hardly any one would advocate a similar treatment for the two pulmonary affections—catarrhal and lobar pneumonia—yet, in speaking of cases of either affection, you rarely hear a physician, even, make use of the term which would differentiate them. Kerley, of New York, in an admirable paper read before the American Medical Association 1903, has this to say of broncho-pneumonia: "Unlike lobar pneumonia, scarlet fever, typhoid fever and many other diseases in early life, there is no self limitation, no cycle. In these diseases we are only required to assist the patient through the various stages; in catarrhal pneumonia we must do more—here we are asked to cure".

Acute lobar pneumonia comes on suddenly with a chill, fever, pain in side or abdomen, cough without expectoration, all of which symptoms may be two or three days in advance of any distinguishable changes in the lungs, and the toxemia is often out of proportion to the extent of the inflammation; indeed, there is such a condition as pneumococcus septicemia. It is generally unilateral, essentially a disease of youth and adult life, and has a tolerably definite cycle.

Broncho-pneumonia, on the other hand, rarely comes on

suddenly with chill and pain in side, but in at least ninety-five per cent. of attacks is preceded by a bronchitis of more or less severity, with expectoration; is bi-lateral, is confined almost exclusively to children of tender years, to the feeble and to those of lowered vitality from disease or dissipation; its danger is measured by the extent to which the lungs are involved and it lasts from one to three weeks or even longer.

In Nothnagel's Diseases of Bronchi, Pleura and Lungs (p. 557) is found this statement: "Except for influenza pneumonia, I have never seen characteristic forms of catarrhal pneumonia in adults".

Of sixteen cases which my partner and I treated during the past winter, one was a drunkard, one an asthmatic girl of eighteen, two were complications of measles in adults, one of whom died, and twelve were children under six years of age, and all except one a neglected bronchitis.

The broncho-pneumonia of influenza, the most fatal form, differs from the usual form in the presence of other bacteria, falls with greatest force upon the nervous system, and it is only in such epidemics and following fevers that adults are attacked. Many of you, no doubt, remember the epidemic of influenza pneumonia in 1890, which swept like a simoon over our land and slew its thousands, and we felt fortunate to save fifty per cent. of our cases.

The diagnosis of broncho-pneumonia cannot in all cases be positively made at first, but when in any case of bronchitis from which malaria and the exanthematous fevers can be excluded, we have a sudden rise of temperature to 103 or 104°F., with respirations 60 or 80 per minute, we can safely infer that we have this disease to treat. I have no patience with the expression "threatened with" as applied to pneumonia, typhoid fever and some other diseases, but it can be said with the utmost propriety that a bronchitic child is always threatened with broncho-pneumonia; and it follows, as a prophylactic measure, that every bronchitis in young and old should be promptly and efficiently treated, and we have almost a specific in calomel, quinine and Dovers powders, with a hot foot bath and a short detention in bed.

The mortalities given in the text books are obtained from hospitals, or in private practice in cities, and the death rate of thirty to sixty per cent. is much greater than in

country practice. This may be accounted for in two ways —by the difference in atmospheric conditions and by the close attention given, as the country doctor generally "camps" with his severe cases of broncho-pneumonia.

There is no specific known for broncho-pneumonia. While we may indulge the hope that a serum will be discovered in the near future which will be as effective in lobar pneumonia as anti-toxin now is in diptheria and as anti-streptococcic serum is in streptococcic infections, from our present knowledge of the bacteriology and pathology of broncho-pneumonia whose "pathogenesis is an atelectasis followed by a parenchymatous inflammation" upon which pneumococci and streptococci and other bacteria may find suitable soil for growth, the streptococcus by far more frequently, we cannot expect much benefit from its use in broncho-pneumonia and I cannot find such claim for it.

The creosote preparations have been attracting much attention for several years past, especially in lobar pneumonia—some believing it almost a specific, while others believe it more applicable in broncho-pneumonia, acting as an expectorant. Hare is of this number and says: "I do not believe it is of any value except in broncho-pneumonia, in which case it acts as a useful expectorant in the latter stages. Upon the pneumonia process itself, I do not believe that it exercises any definite results."

I have but little experience in its use by mouth, and then in the form of the carbonate, and have found it irritating to the stomach. If used with bactericidal intent, I should think the preferable method of administration would be by inhalation and I have so used it with seeming good results.

As my work lies in a malarious district, and having that malady to contend with in all seasons of the year, and not being able to eliminate it in diagnosis by use of the microscope, I have always begun my treatment of broncho-pneumonia with quinine and repeated it at intervals during the bronchial inflammation. Up to comparatively a short while back, I had no other thought in its use than to cure a malarial complication which might be present, but I believe now, and am not alone in this belief, that it has the effect of lessening the toxemia, not only in broncho-pneumonia but also in lobar pneumonia, reducing the temperature,

steadying the pulse and equalizing the circulation. This effect of quinine in typhoid, in malaria and in streptococcic infections in the puerperium was noted by Bouchard more than twenty years ago. Thirty years ago quinine, in massive doses, was as much relied on for the reduction of temperature and the general good of the patient in typhoid fever as cold sponging is to-day, and if quinine has this bactericidal or inhibitory effect on the bacillus typhosis and the streptococcus pyogenes albus and aureus, or their toxins, it may also have a similar effect on the pneumococcus and other bacteria found in lobar and broncho-pneumonia, more especially the latter, which is most frequently a streptococcic infection and always a double infection. Musser says: "Streptococcus pyogenes may be the cause of a primary pneumonia, of an acute lobar pneumonia, though more often the lobular type. Mosny tells of a case of such a streptococcic pneumonia derived from contact with a patient suffering from facial erysipelas. As the cause of the secondary pneumonia and of the aspiration pneumonias, the streptococcus is pre-eminent."

Aufrecht of Germany, in Nothnagel's Encyclopedia, speaking of quinine, says: "If, however, I am in favor of the use of quinine, it is not because it has an effect upon the temperature but because it diminishes the action of the products of the bacteria, which circulate in the blood and produce their effects by weakening the power of the heart."

On the other hand, the highest authority in America on internal medicine, Prof. Osler, has not used quinine for some years in either lobar or catarrhal pneumonia on account of its bad effect on the stomach. This may be obviated by its hypodermic use or, as I do in children, by inunction of an alcoholic solution with olive oil.

In the beginning of the treatment of broncho-pneumonia, I invariably give calomel in sufficient doses to move the bowels, and occasionally after that give it in some form for its antiseptic effect on them. As young children swallow sputum, and fermentation and putrefaction follow and give rise to colic and sometimes to enterocolitis, purgatives and intestinal antiseptics are indicated.

I find Woodbridge's tablets a convenient form for this purpose in children, and I confess to a great partiality for

them, not only in pneumonia of children but in all continued fevers.

In 1900 I read a paper before this Association on "Capillary Bronchitis," in which I recommended tincture of aconite as of value in the early stages of this disease when the fever is high, pulse rapid and skin dry, and was sharply criticised, but I have continued its use, as I have done for many years, in broncho-pneumonia of children and have no cause to abandon it. One of the best methods of medication is in the form of vapor and I use it throughout the disease. Into boiling water can be poured creosote, turpentine or compound tincture of bezoin and the child held so as to inhale the vapor, or a tent can be arranged with sheets over the bed and the vapor directed into it. In this way the medication may be said to be by local application.

Expectorants answer a good purpose when the cough is dry and painful and the secretion scant and tenacious, but they should be used with discretion and not trusted to an inexperienced attendant.

The time comes in all severe cases of broncho-pneumonia when stimulants are needed and I prefer strychnine nitrate, as a respiratory stimulant, to all others; and when once begun I keep it up until convalescence has set in. Whiskey can also be given with benefit, either in water or milk.

The feeding of infants at the breast should be looked after closely, as nursing from the breast with respirations at 60 and 80 per minute is a difficult process and the infant can get little nourishment before it must relinquish the nipple to get its breath; it is far more satisfactory to feed it with a spoon.

I have not given up the use of counter irritation, but never carry it so far as to cause blistering.

When cyanosis is marked and suffocation imminent, emesis should be induced to unload the bronchi. I have accomplished this more quickly and with less depression by titillating the pharynx with a feather or the finger than could be done with medical emetics.

I purposely omit mention of hydrotherapeutic measures as there is such a popular prejudice against cold water applications in respiratory diseases that I have gotten along

without them, but to read Simon Baruch's work on Hydrotherapy is to be convinced that its teachings are excellent.

We read much now about normal saline solution by hypodermoclysis or intravenous or rectal injection, but its application is to the same conditions in broncho-pneumonia that we may find it useful in other diseases.

The therapeutic suggestions which I have made can be found amplified in any recent text book. I would not advise any physician to abandon a practice which has given him good results for an untried one, as the mortality now in broncho-pneumonia is about as high as it was thirty years ago, and the treatment in the early editions of Watson, Flint and other standard works on medicine in their way compare favorably with the latest editions of our best authors of to-day.

In conclusion, there is scarcely another disease in which such sudden changes, both for worse and for better, take place, especially in tender children, and the whole treatment, and the only successful treatment, consists in being at hand when these sudden changes for the worse occur.

THE IMPORTANCE OF EARLY DIAGNOSIS IN SYPHILIS.

S. W. JOHNSTON M.D.,
VICKSBURG.

The importance of an early diagnosis in syphilis is made manifest to us every day when we have patients come into our office suffering with this dread disease in its tertiary stage. Patients who live in the best society, as well as those who live in humbler stations of life—patients, it may be, with whom our own circle or own families are associated most intimately. These are not—sad though it may be—confined to the male sex, but often, too often indeed, they belong to the weaker and gentler class, in whom we would rather have, above all things, purity. As these patients come into our office we notice the hair, the skin, the nails, and on closer examination the mucous membrane and deeper tissues are affected to a greater or lesser degree and show too plainly the lack of early diagnosis and early and continued treatment.

The physician can not depend on the history given him by his patients as they will usually try to conceal the true facts, and so we must rely on our observation and personal examination for a correct diagnosis. It may be also that we have been too considerate of their feelings to try to get a history of syphilis, but in the average case we would not get a truthful answer were we to inquire. However, it is true that a good percentage go to the physician on the appearance of the initial chancre, and this is the class of patients that can be most benefited by an early and correct diagnosis.

Syphilis, the most general and wide-spread disease of mankind, had its origin some two thousand years ago; where it originated has always been a much disputed question, some claiming Egypt, some China, others prehistoric America, but it is now generally conceded that Asia has the honor of bringing it into existence. Moses, it is said, was acquainted with this malady. Since syphilis was first brought into notice its spread has been terrific—at times epidemics of a most malignant type would almost devastate cities and communities—and when first introduced into Europe it annihilated nearly all of the armies of England and France. So dreadful was it that it, was oft times mistaken for leprosy and many cases of these two diseases were diagnosed one for the other. Even in late years the two have been confounded.

After two decades of centuries the disease has become greatly modified, so that now we have cases in which the patient suffers such a mild attack that he apparently recovers spontaneously, *i. e.* with no treatment save that of proper attention to hygiene. The mildness or modification of syphilis is probably due to our becoming syphilized; that is, at some time in the past, it may have been ten, it may have been one thousand years, one of our ancestors contracted this disease and we have as a consequence become somewhat immunized to its severity. It is said a child born of syphilitic parents may derive from them an immunity from syphilis without having the least sign of the disease. Some there are who doubt that the disease we see to-day is the same fatal malady that was such a scourge in the past, but it is plainly proved that any disease when first introduced into a country is more severe in type and more fatal in

form than after having attacked generation after generation. Those most susceptible to its severity succumb and those less prone to its virulence recover, a survival of the fittest as it were.

The yellow fever epidemics of '55 and '78, in which so many of our own people succumbed, and from which a name so dreadful and appalling has attached itself, although the epidemics now are extremely mild and have such a small percentage of deaths, yet the mere presence of one case of this once fatal disease will stop commerce, paralyze business, bankrupt railroads and depopulate cities.

In an epidemic of measles occurring in the Sandwich Islands, where the disease had never been known to exist before, it proved a most fatal and dreaded malady, yet we who have had the disease with us for years have become so immunized that measles, per se, is one of the mildest of epidemic diseases.

Smallpox before the days of Jenner left few in its path, yet those who did survive transmitted to us a sort of immunity which probably has saved us from a return of those terrible epidemics or plagues which almost ruined Europe for years.

Some three or four miles out in the country south of my old home, Clinton, Miss., and only a few miles from this city, occurred during the year 1900 an epidemic of smallpox among a thickly inhabited settlement of negroes. These negroes nor their ancestors had ever had variola nor had they ever been vaccinated. There occurred out of about seventy-five cases, more than forty deaths, yet all around them were people whose ancestors had had the disease or had been vaccinated and they escaped the disease.

But to return to my subject. Syphilis of to-day is not the dreaded disease it was years ago, but it is terrible enough, and suffice it to say, to-day it stands at the top of the list of infectious or transmissable diseases in its evil effects on mankind. No disease, it matters not where it exists or whom it attacks, leaves its marks so apparent or its effects so ravishing. Not an organ, not a tissue, not a gland nor cartilage nor bone but feels its dreadful fang and suffers as a consequence. Our infirmaries, our hospitals and our asylums teem with unfortunates who are suffering from its

effects and whose lives are blemished if not ruined by its presence, who too late have received the proper treatment for lack of an early and correct diagnosis. It behooves us, gentlemen, in this enlightened and progressive age to make an impress on this disease and stop it in its maddened and ravishing course. Fully eighty per cent. of humanity to-day are feeling its effects and the greatest cause of this is the lack of an early diagnosis. How many men have imparted this disease to their wives, to their children, and in some cases to other men's wives and their children, and these imparted it to others and so ad infinitum, yet probably an early diagnosis would have saved numberless persons from its attack. How many children have we seen born into this world suffering in some form with hereditary syphilis? Their lives to be tainted with its presence, their minds impaired, their bodies diseased and their success in life blocked by its insurmountable obstacles.

Syphilis once contracted is by far the most persistent and pernicious, with one exception, leprosy, of diseases, yet one that will most easily respond to treatment. Its presence is first made manifest by its initial lesion, the chancre, which usually appears on or about the 21st. day after inoculation. This period of incubation may be shortened or prolonged as the case may be—some appearing in as few as seven or eight days and some as long as forty days, but these cases are rare and exceptional and the period of incubation may be stated as being from ten to thirty days. During this period there is no symptom whatever of the disease nor is there any indication of an infected sore unless as the case may be the point of inoculation is at the time exposed to a pyogenic infection. From the moment, we may say, of the virus entering the abrasion, the disease becomes constitutional—cases are on record in which parties have suspected that their exposure would result in an infection and have had the abrasion extirpated and cauterized within seven or eight hours after coition and the disease developed as if no interference had been made, except there was no chancre or initial lesion. The chancre as it first appears takes the form of a round or oval papule elevated or rarely depressed with a dry scaly glistening top and of a brownish red color—with a slight seropurulent discharge. After a few days it be-

comes indurated, the degree of induration depending on the softness or laxness of the surrounding tissues, the lesion will now be felt firmly imbedded in the skin and movable with a feeling somewhat like a flattened shot or pea in the tissues. This induration usually lasts six or eight weeks when it gradually disappears, but sometimes it will last for years.

Within a week or ten days after the appearance of the chancre, the lymphatics nearest the lesion will develop a sympathetic inflammation. This usually consists of a chain of glands multiple whereas the lesion is usually single; very rarely do these glands suppurate and if they do it is not due to a syphilitic but to a pyogenic or mixed infection. From the nearest lymphatics the glandular involvement begins to spread and by the fifth or sixth week the whole lymphatic system is involved. At or about this time the skin involvement begins to manifest itself; first, erythema, macules, papules, pustules and bullæ preceded by the first constitutional symptom, fever, which manifests itself at or about this period, coming on late in the evening and lasting until morning. This occurs shortly before the eruption appears. After the eruption becomes marked and general the fever gradually disappears. With the skin lesions, appear the lesions of the mucus membrane, mucus patches in the buccal cavity and rectum. The tonsils and pharynx become inflamed as will the conjunctiva in a great many cases. Uninterrupted by treatment the disease will continue to effect the skin and mucus membranes for a period of about twelve months, when it attacks the deeper structures—viscera, bone, brain, etc. This is the beginning of the tertiary stage. Of the lesions of this stage I will not treat as the early diagnosis must be made during the first or early part of the second stage. In the first stage the chancre is almost typical. It differs from other venereal lesions in being primary, indurated and non-ulcerative. I of course refer to the lesion we see in the larger per cent. of patients. An important point to be remembered is the period of inoculation, it being longer than that of any venereal disease. The main disease with which we have to make our differential diagnosis from is the chancroid. This is an acute infectious venereal sore, usually multiple, ulcerated and angry looking, with no pe-

riod of incubation. It begins as an ulcer with a rough surface, is auto-inoculable, and painful; is deep seated and cup shaped, with abundant muco-purulent discharge. The chancre begins as a non inflamed macule, is not multiple, is not ulcerated, has no rough surface, is not auto-inoculable, has little if any pain and has only a slight seropurulent discharge. With the chancroid we find a single suppurating bubo, while with the chancre we find a multiple non suppurating bubo. These points are plainly shown in the typical sores but we sometimes have a mixed chancre, that is, a true chancre with a pyogenic infection, and then it is a difficult matter to differentiate between the two. However, in both cases we should always delay our treatment until secondary manifestations are developed. The early secondary manifestations and on the appearance of which we can absolutely make certain our diagnosis, are post cervical adenopathy, nocturnal fever, alopecia, muscular and articular pains, more pronounced at night and a general involvement of the superficial lymphatic system. We do not wait, however, for all these symptoms to manifest themselves; any of them would make our diagnosis positively certain, and by waiting for them we run no risk of making a wrong diagnosis. The few weeks intervening will not have any material effect and by delaying our treatment until this stage of the disease we do away with the possibility of having made an incorrect diagnosis, thus subjecting our patient to mental depression, anguish, mortification, and the trouble, expense and inconvenience of a three years' course of treatment, for after treatment is once begun we can never say whether the case was that of syphilis or not, as the symptoms may not manifest themselves after proper treatment; besides it is a known fact that the disease more readily responds to treatment after these symptoms are made manifest. As stated, syphilis is transmitted in the vast majority of cases during the first and second stages' of the disease, and if we begin treatment before the secondary symptoms appear to a marked degree we can always confine the disease to this stage. Mucus patches and the various skin lesions are actively contagious, but under a thorough and continued treatment these symptoms will not manifest themselves sufficiently to be of much danger, and the patient being treated

from the beginning will suffer very little with the numerous lesions of syphilis—almost nothing compared with the amount of damage that would be done should his treatment be neglected. As I have stated it is during the first and second stages and *especially* the first stage that the disease is most liable to transmission and hence the utmost importance of an early diagnosis. Now is the time for the physician to assert himself, now is the time to prevent its spread. Impress upon your patient the absolute necessity of conjugal restriction—the danger of transmission and importance of refraining from sexual intercourse. So impress him that he will be made to see the terrible results that will surely follow any indulgence or lack of restraint on his part. If he is a married man have him find some excuse to make a visit from home for two or three months, and better yet, impress upon him the terrible truth that any children born unto him within three years may inherit the disease. If he is single advise him of the danger he would expose a wife and child to should he marry within three years.

So the importance of an early diagnosis is made plain to us for two great reasons. First, the danger to fellow creatures, occasioned by the probability of an infection from the patient, and second, the condition of the patient himself. The first we have tried to show the danger of and this danger can best be prevented by the physician making an early diagnosis. The second, if an early diagnosis is not made, the skin, hair, nails, mucous membranes, viscera, brain, and all the deep and important structures will suffer irremediable harm and the patient will become such a wreck that the best of treatment will only partially restore him to his former self, and to prevent this as soon as the diagnosis is made certain, anti-syphilitic treatment should be given, together with proper hygienic measures pushed for a period of three years; then at the end of this time we can almost be sure that the patient will never have any return of the disease and that there will be no danger of his transmitting it. And when after having spent one night with Venus and three years with Mercury, he can turn to us and say, "doctor, your early diagnosis has saved me and mine from greater harm and more lasting consequences."

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss., by E. F. Howard.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

With the appointment of the committee on necrology, which appears on another page of this issue, the president has filled out the list of standing committees. Before the reorganization, the work of this committee would have been of considerable difficulty, but as matters now stand, with the secretaries in the various counties to assist, it is comparatively easy. And therefore we venture to suggest to the members of the committee that the matters entrusted to their charge are of considerable moment and worthy of their best efforts. Within the past year the profession of this state has lost several members whose work and whose lives should be recorded, men whose professional and personal attainments should be known to their fellows and whose records will add a bright page to the medical history of Mississippi.

Of the four standing committees, that on Public Policy and Legislation is the one most in the public eye. Our laws regulating the practice of medicine would seem, to the man unlearned in the law, to be fairly comprehensive, but decisions of the supreme court in the past show that they leave much to be desired. The committee should take action on this point.

Judging from the proceedings of the Association, as published in the minutes of the meetings, the standing committees have heretofore been honorary and inactive bodies. They have held few, if any, meetings and done little or no work. Before the reorganization, the secretary, the section chairmen and sometimes the president were almost the only men who did any work between meetings. During the past

year the councilors did a great deal of work as is amply manifested by our increased membership. Now let the committees wake up and take hold and keep the chariot rolling.

The members of all the committees should realize that they owe a duty to the Association. They have been appointed for a definite purpose, to do certain things or to keep an eye on certain things, and the other members of the Association are leaving the doing of these things to them. No others will feel it incumbent on them, or proper in them, to interfere and unless the committeemen take the work in hand it will not be done. Fortunately our Mississippi doctors, as a rule, need only to be reminded of their duty, therefore we trust that these suggestions, which are made at the request of several of the members, will be taken in the spirit in which they are meant and that they will bear fruit.

The physicians of the south can best appreciate the benefits derived from the work of the immortal Walter Reed and the people of the south will reap the larger share of these benefits, therefore all of us should be interested in the recently formed Walter Reed Memorial Association, the object of which is the erection of a suitable monument in memory of the man whose name it bears. Since all classes reap the benefit of his work, contributions will be received from the general public and since in the hurry and stress of daily work such matters are apt to be overlooked, and since the general press has taken small cognizance of the movement, it rests with the members of our profession to see that the necessary information both as to Reed's work and the purpose of this association be made public. The necessary data can be obtained by addressing the secretary of the association, General C. DeWitt, U. S. Army, 1707 Twenty-first St., N. W., Washington, D. C., and we trust that the physicians of Mississippi will avail themselves of this opportunity and honor themselves by furthering this work.

We extend to Dr. Crawford our hearty sympathy on the burning of his Hattiesburg Infirmary. This institution, though comparatively young, had made quite a name for itself and it is a source of gratification to learn that it will

be replaced immediately by a larger and more complete building. In the mean time Dr. Crawford has gone into temporary quarters and continues the work which he has been doing so well.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

The President has appointed the following

COMMITTEE ON NECROLOGY:

J. M. Buchanan, Meridian; J. R. Tackett, Meridian; B. S. Waller, Silver Creek.

COUNTY SOCIETIES.

HINDS COUNTY MEDICAL SOCIETY met in regular session in the office of Drs. Harrison & Crisler on Tuesday, July 12th, at one P.M. The following members were present: Drs. Britt of Pocahontas; G. S. Hunter of Bolton; McLean, Galloway, Cully, Rhodes, Harrison, Crisler, Gant, Berry, Crook and Turner, of Jackson.

Papers were presented by Drs. Rhodes and Cully, both of which inspired a profitable discussion among the different members.

PERRY COUNTY MEDICAL SOCIETY held a very interesting meeting June 20th. Dr. R. B. Stapleton's paper on typhoid fever was freely discussed and his management of a case of typhoid was highly commended. While different opinions were advanced as to the value of acetozone and the results were not so favorable with some, the members present were agreed as to its value carefully given in the aqueous solution if the stomach is watched for the irritability it sometimes causes.

PONTOTOC COUNTY MEDICAL SOCIETY met at Pontotoc, July 5th, the following members being present: Drs. Ellison, Mitchell, Carruth, Lowry, R. P. Donaldson and Williams.

Dr. Carruth reported an interesting case of compound fracture of the leg. Discussed by all present.

The next regular meeting will be held at Pontotoc on the first Monday in August.

Warren County Medical Society held its regular meeting July 12th. Dr. E. C. Hunt read a paper entitled "Report of Two Cases of Idiosyncrasy." Dr. S. Myers gave an interesting account of a recent visit to the Battle Creek Sanitarium.

The next meeting will be held August 9th.

BOOK REVIEWS,

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gyneology, orthopedics, pathology, dermatology, otology, rhinology, larynology, hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Volume II. series 14. J. B. Lippincott Co., Philadelphia.

Of all editions of this popular quarterly that have been published in recent years the present volume presents more that is especially of interest to physicians practicing in the south. There is not one of us who has not faced malaria in many phases and probably not one who has not met some phase that at first he failed to recognize. Hence anything that adds to our knowledge of the subject is welcome. Of interest, too, is the article on uncinariasis, a condition that is causing universal interest in the southern states and concerning which most of us know comparatively little. The other sections, on treatment, medicine, surgery and pediatrics, are well written and compare favorably with previous articles in this series.

The Practical Medicine Series of Year Books. Comprising ten volumes on the year's progress in medicine and surgery. Edited by G. P. Head M.D. Vol. VI, General Medicine, edited by Frank Billings M.D. and J. H. Salisbury M.D. The Year Book Publishers, 40 Dearborn Street, Chicago. Price of Series—$5.50; price vol. VI—$1.00.

We have here some three hundred and twenty pages of abstracts from important papers published during the year, chosen with the care that is characteristic of the publication and of its editors. It is of interest to note that in three instances physicians of our own state are quoted, a by no means doubtful honor when one considers the vast amount of material at the disposal of the editors.

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ORIGINAL CONTRIBUTIONS.

* THE MEDICAL TREATMENT OF DYSMENORRHOEA.

J. M. ALFORD M.D.,
ELLISVILLE.

To discuss the treatment of dysmenorrhoea from an exclusively medical standpoint is very much like describing a case of dropsy without giving any cause for the aqueous accumulation. But since it is so often impossible to ascertain just why a menstruation is painful, the treatment of it must remain more or less symptomatic. Besides I think the medical treatment of dysmenorrhoea has been rather neglected. Not only the gynecologist but even the family physician seem inclined to rather depreciate the use of medicine in this condition. While I disclaim any thought of advocating an opposite view, still I think it is as much a mistake to claim that all painful menstruation indicates some form of operative interference as it would be to assert that it is always amenable to medical treatment. There are cases that are operative and there are cases that are medical and there are still other cases that necessitate both medical and operative treatment. So the physician who would successfully treat dysmenorrhoea must get acquainted with both methods.

And, too, it is a subject well worth our study for very few women live through a menstrual life without at some time having that function sufficiently disordered as to need some form of relief.

As the scope of this paper prohibits my discussing any form of treatment other than the use of drugs, it will be nec-

* Read before the Mississippi State Medical Association.

essary to refrain from referring to any form of gynecological operation.

Of course where it is possible we should ascertain the cause of the trouble and not go blindly administering drugs which after proper examination we know can not remedy the matter. But I do not think we are justified in submitting an unmarried girl to an examination unless the case is severe and can not be relieved without it. Recognizing then the fact that there are a great number of sufferers who can not, will not, or should not be operated upon, and also if possible should be spared any form of vaginal examination, it remains for us to get acquainted with all remedies that will cure or relieve them.

Dysmenorrhoea may be divided into almost as many forms as suits the fancy of any particular author, but manifestly there are only two forms which are amenable to medical treatment, and these are the congestive and neuralgic varieties. Under the neuralgic variety we must include those of hysteria or any neurotic taint. I will mention just here in passing that I do not believe that obstruction of the cervical canal is as frequent a cause of painful menstruation as has been popularly supposed. We have all seen cases of flexion where there was no menstrual pain. And unless the flow becomes clotted in the uterus it can escape through a rather small os. And membranous dysmenorrhoea is not as common as its frequent mention would lead one to believe. I have never seen a case, and men of much experience can report only a few cases.

If we turn to the clinical index of our dispensatory to see what drugs are mentioned under the head of dysmenorrhoea we find such a lengthy list that the very number arouses our suspicion that many if not most of them possess but little virtue in that condition. And having tried all of them, besides numerous others not there mentioned, I will only bring to your notice those which have served me sufficiently satisfactorily to seem worth considering.

The drug which has served me best of all is apiol. This is an oily liquid derived from common parsley. There are several processes of obtaining it and some of the preparations are undoubtedly more active than others. We will have to leave it with our chemists to adopt a uniform and

efficient preparation. It was first introduced as a remedy for malaria and later it was observed to have a decided effect upon the menstrual functions. I have no understanding of how and why it acts. In addition to its quality of relieving painful menstruation it is also an emmenagogue, and is successful in amenorrhea. On account of its acrid, pungent taste it is difficult of administration. I usually administer it alone in capsule, but where any other drug is indicated it can be combined with any powder and made into a pill mass and then administered in a capsule.

For instance in anemic women with scanty menstruation it could be combined as follows:

℞ Olei Sabinae - - - ℥ss
Ergotin - - - - ℥ss
Apiol - - - - - ℥ii
Aloin - - - - gr. i
F. E. Viburnum - - - ℥i
M. ft. caps. xxx. Sig: Begin one week before periods and take one 3 times a day.

It matters not whether given singly or in combination. Its administration should begin about one week prior to expected flow and continued during first day of period. As it is not borne well by some stomachs it is best to begin with a small dose of about two or three minims, and if it is well tolerated the subsequent prescriptions may gradually increase the dose to five or six minims.

The drug which I hold second in esteem is gelsemium. The good qualities of this remedy were at one time very much exaggerated and it was lauded as a specific for all neuralgic conditions, and like all good things that are unduly praised it fell into disrepute, but now it has come into its own and all authors on modern materia medica specify its worth. I think it excels all other remedies in painful menstruation of purely neuralgic origin. Its good effects can only be obtained by beginning its administration eight or ten days prior to period. I give the treatment in full doses beginning with ten minims and gradually increasing to twelve or fifteen minims by the day that menstruation comes on, and then suspend its use until about ten days before next period. I have had two patients in which its administration in the way mentioned has seemed to break up the dysmenorrhoeic

habit. I can understand how it acts as a palliative but can not comprehend this apparent curative action.

The drug which I consider next in importance is viburnum. It seems most useful in the congestive forms and should be given several days prior to periods.

Cimicifuga ranks next and is especially indicated in those cases which are of a rheumatic diathesis. Those of us who are inclined to the "shot gun" prescription could very creditably arrange one by combining gelsemium, viburnum and cimicifuga in the same mixture, and it would very likely prove an efficient combination.

This concludes the remedies that act best by being given prior to menstrual flow and now we come to the treatment of the attack. And just here is the proper place to condemn the use of opiates for the relief of menstrual pain, and especially do not give a patient a prescription for any form of opiate for relief of that condition, for an eminent authority claims that one half of the women who become addicted to the opium habit are led into it in that way.

There are many remedies that are useful during an attack besides opiates and while they may not be as efficient we can at least use them without fear of establishing a drug habit.

All the coal-tar antipyretics are alleviating and I prefer antipyrine. Fifteen grains given dissolved in about half an ounce of whiskey is an exceedingly efficient remedy. The bromides act feebly in relieving the pain. Chloral is an efficient remedy and if it produces nausea may be administered per rectum.

Where the pain is due to vasomotor spasm nitroglycerin, 1:100 grain, is effective. A hypodermic of hyoscine hydrobromate, 1:100 grain dose, will relieve in some cases though it is rather an erratic drug in this condition. All forms of hot application to the abdomen are palliative. A piece of paper saturated with chloroform and laid over the lower part of the bowels is a quick and effective way of applying counter irritation. Large hot flax-seed poultices sprinkled with laudanum, or a hot water bag, or the eye lid from off the cooking stove may be used as a means of applying heat. Hot vaginal douches or hot sitz baths are both useful. Of course the patient should be kept in bed, and

sufficient saline laxative to unload the bowels should be given the day before menstruation comes on. And where it is possible to do so, if a patient could be put to bed at least two days prior to period and then properly treated it affords a chance of really curing her of the dysmenorrhoeic habit.

There is a form of "Nasal Dysmenorrhea" which was first described by Fliess, a rhinologist of Berlin. There are spots on the anterior ends of the inferior turbinated bones, and on the septum opposite these, which are known as the genital spots. In some women during menstruation these spots increase in size and sensitiveness and if touched with a twenty per cent. solution of cocain the pain of dysmenorrhoea is instantly relieved. Of course this treatment will only apply to the suitable cases.

The treatment between attacks should be to promote the general health of the patient and this should be done carefully and thoroughly, especially the treatment of any anemia that may be present, and the prohibiting of any indulgencies which stand in the way of recovery.

*PELVIC ABSCESS.

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In its broadest sense the term comprises every abscess originating truly within the male or female pelvis regardless of cause, whether remote or direct. This paper is not intended to refer to or to touch on pelvic abscess in this wide meaning of the term, but will be limited to the condition as found in the female pelvis, and resulting ordinarily from septic infection of some part of the genital tract, or from other inflammation of the cellular tissue about the uterus.

Such an inflammation may arise from a number of causes; for instance, the breaking down of a localized tubercular or syphilitic deposit in this region, or from a secondary degeneration of an ovarian cyst, or other tumor liable to acute inflammatory action, or from a number of other causes needless to enumerate; but by far the most frequent cause of pelvic abscess as referred to in this paper, and that which the doctor will see oftenest in my section of the country, is a

* Read before the Mississippi State Medical Association.

suppurative inflammation of the tubes or ovaries, or of the tissues surrounding them and the uterus. There is nothing distinctive between a case of ordinary pelvic cellulitis terminating in resolution and one resulting in the formation of an abscess. The degree of severity of any case of cellulitis is no guide as to the probability of resulting abscess. Fortunately cases ending in abscess are comparatively rare.

During seventeen years, service as a country doctor, I have met a half a dozen unmistakable cases of pelvic abscess. They were rude enough to force themselves upon me, or I would not have made their acquaintance. No doubt I have come in contact with as many other cases and was intimately associated with them, but in my blind ignorance I did not recognize them and had nobody to introduce me.

In diagnosing the trouble there is only one symptom on which I have been able to place much reliance, and that is the spontaneous bursting of the abscess. By means of this valuable thirteenth-hour symptom, on the post-mortem order, I diagnosed, with a reasonable degree of certainty, five out of six cases coming under my observation. A layman or an old woman could have done as well, but I hope to profit hereafter by my past blunders. Only one case out of six was I fortunate enough to recognize before it had advanced to the stage of diagnosing itself by bursting. In excusing myself, I might say that my failure to discover the real trouble was because the other five cases happened to be obscure or the objective symptoms were not well marked, but no doubt they were all average cases and about what other doctors with negro practice have in their every-day experience. Right here, I want to ask the bretheren, I will not say "of my class," to tell me their experience on this subject, and to give me some hints which might help me to improve on my post-mortem methods of diagnosis.

Of course I have spent some time in studying the text books, but they do not give the information I need, and in proper form, to enable me to recognize a case with reasonable certainty.

When the doctor can see the patient every day or two, and is a fair diagnostician, there is no excuse for his failure to recognize the trouble in a well marked case, but such typical cases are not the rule, and in negro practice frequent

visits are not practicable. The uncertainity of the time when an abscess may form adds to the doctor's trouble.

The diagnosis must be made by the touch alone, and the country practioner does not have a sufficient number of cases to enable him to acquire that nicety of touch, that "tactus eruditus" so necessary to detect any but a plain case. Of the six cases mentioned, three burst into the rectum, two into one of the larger bronchi, and the last I first emptied with a trocar and later opened freely with a knife. This last case made a good recovery. Of the first three, one made a perfect recovery while the other two women remained invalids more or less.

Of the two bronchial cases, one was overwhelmed by the first enormous discharge, the lungs filling with pus and death ensuing within an hour. The other case assumed a chronic form, simulating lung trouble, with hectic symptoms, but after three or four months regained fair health.

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*TREATMENT OF THE OPIUM HABIT BY HYOSCINE HYDROBROMATE.

J. M. CATCHINGS M.D.,
HAZLEHURST.

Gentlemen: It is a well established principle in the practice of medicine and surgery that, before instituting treatment for the various ailments of the sick and afflicted, the first thing to do is to make the proper diagnosis. After this very necessary step, when possible, remove the cause and then by assisting nature we can in nearly every case promise a cure more or less permanent.

In our daily rounds as general practitioners we are constantly reminded of this fact, when we remove the thorn from the flesh or the stone from the bladder, or prescribe our quinine for malaria or mercury for the syphilitic poison. Although our patient might have been a sufferer from any one of these causes for a considerable time, when we have made the proper diagnosis and the cause is effectually removed we always expect a speedy cure.

* Read before the Mississippi State Medical Association.

Now drug addiction is a disease becoming more and more common every day, until it has gotten to be the very bane of our modern civilization. Every sphere, every walk of life, rich, poor, maimed, half ignorant or educated, each furnish their quota to this relentless tyrant, annually swelling the ranks of this insatiable monster whose service is worse than a living death.

The habitual use of narcotic substances is a disease, a "thorn in the flesh" without any well defined pathology, though often complicating many diseased conditions, for the relief of which it was originally taken.

I am fully aware of the unfavorable opinion which exists among the medical fraternity as regards the successful treatment of this habit, or the permanent cure of these cases. The usually accepted opinion is "once an addict, always an addict," and that there is no cure. Yet after several years experience in the treatment of patients suffering from the opium habit, I am forced to dissent from the ordinary verdict. My experience prompts me to say there is yet "Balm in Gilead"; there is bright hope for the drug addict and it is our duty to do what we can for this unfortunate class.

I can imagine no greater benefactor to sick and suffering humanity than any one who can say to one of these poor unfortunates: "With obedience, confidence and assistance on your part, I will remove this festering thorn from the flesh, restore the natural brightness to the down-cast eye, the roses to the sallow, sunken cheeks, and restore you to your own self respect and your former station with your family and friends."

This is exactly what can be done, according to my limited experience, by any average practitioner by the use of hyoscine hydrobromate and that, too, in the short space of four to eight days, painlessly and harmlessly. I assert this from a practical experience of fifteen cases treated by this method, all being successfully treated within the time given above. I must admit that of this number there has been a relapse in four or five cases, necessitating their having to be re-treated, but who amongst us would hesitate to treat our pneumonia, typhoid or rheumatic cases over again, if they unfortunately should relapse. I contend that the only sensible thing to do would be to treat these cases again and again until our patient

was well established on the road to perfect recovery and health. Whilst I have had several of my patients to relapse into the habit I am still proud of the fact that I have been instrumental in saving a few from this horrible living death. Every acceptable case of morphinism can be cured in the short space of four to eight days, regardless of the quantity used or the time the habit has been running, by the hypodermic use of hyoscine hydrobromate.

This drug bears the same relation to the treatment of the opium habit that chloroform does to surgery. It anesthetises the patient until the pangs incident to withdrawal have subsided, and when he emerges from the effects of hyoscine the desire for opium is dead and there is nothing left for the physician to do except to assist nature and a cure is certain to obtain.

The plan I usually pursue in the management of these cases is as follows: select a quiet retired room, preferably a a ground floor room, two nurses, not necessarily specially trained, though they are best, one for day service and one for night; if convenient, a bath for hot water should be in or near the room, and all extra furniture should be removed except the necessary chairs, beds, etc.

The day before active treatment is to begin, give any good pill which will unload the bowels and portal system and follow this up next morning with an ordinary dose of sulfate magnesia. This is very necessary and should never be neglected, for it will make the after treatment of the case a great deal easier. This much being accomplished you should instruct your patient not to take any opiate on the day you begin active treatment. Tell him you intend to give something to take its place, and by suggestion try to make him believe this will be a complete antidote for the drug that has been ruining his life heretofore. After he has denied himself as long as possible without actual suffering, order him to undress and go to bed. Now you will begin with 1-100 gr. hyoscine hydrobromate hypodermically and repeat same quantity hourly until the effect of the medicine begins to appear, which you will recognize by drowsiness, dry mouth and throat, flushed face, quickened pulse. These symptoms will under a continued exhibition of hyoscine, be succeeded by great restlessness and a slight intoxication, manifested by inability to stand

or walk steady, talking incoherently, wanting to move about but not knowing where he wants to go. When this stage of the treatment is reached, which is usually after five or six hours, the dose of hyoscine can be reduced, or the intervals between doses lengthened, the object being to just keep up this condition for twenty-four to thirty-six hours, it requiring this amount of the anæsthetic to allow the complete withdrawal of the accustomed drug. After the patient has been under the influence of the hyoscine for several hours there occurs carphology, a hallucination of both sight and hearing, and it is during this time that the nurse should be doubly vigilant to keep the patient from falling or going out of a window or otherwise injuring himself. When all or most of these foregoing symptoms have been produced you may conclude that you have the patient well under the influence of the curative drug, and after giving just enough of the hyoscine to maintain this condition about forty-eight hours, sometimes half that time, you should discontinue the treatment and allow the patient to come from under the drug's influence, which he will gradually do in from twelve to twenty-four hours, and now if he, having regained his mind, should complain of his old pains and beg for more morphine, begin again on hyoscine, a few doses being usually sufficient to produce the same symptoms as at the beginning of the treatment, and after another twelve hours, usually, you can safely allow him to come around, when he will both denounce and renounce his old enemy.

I have never found it necessary to use over fifteen to twenty injections of hyoscine, the dose varying from 1-100 to 1-200 grain, the time of active treatment being forty-eight hours, and have dismissed my cases at the end of ten days freed from the drug and able to eat and sleep in a satisfactory manner.

During the treatment of these cases, and especially the latter part, you will notice the following symptoms: dry and brown coated tongue, sordes on teeth and lips, foul breath, sneezing, gaping, nausea, frequent vomiting of dark greenish bile, free salivation, profuse clammy perspiration, of sickening and offensive odor, and black, foul-smelling discharges from the bowels. There seems to be a complete relaxion of the whole system, and elimination takes place from all the

emunctories of the body at one time. The pulse frequently runs very slow, requiring close watching and frequently calling for the administering of heart tonics, the best at this time being strychnia hypodermically. After about the third day you will find the patient very weak, indeed hardly able to raise a hand, but at ease with himself and the world, and just as soon as he begins to take nourishment and exercise it is really wonderful how quick he regains his lost strength and flesh. There will be usually some trouble with the bowels, they being inclined to act too much and griping some, but in my experience they never give any serious trouble, a little chalk mixture or astringent mixture being usually sufficient to overcome the trouble. After this, the last and worst trouble with which you will have to contend is inability to sleep. The patient will contend that he does not sleep a wink all night long. This is the most trying time in the whole treatment, the patient weak, not yet eating much, no self control, no will power, no fortitude, in no condition to longer continue punishment and very easily discouraged. It certainly calls for all the tact and personal influence and patience at your command not to lose the battle after it is won. Of course you must tell him that he sleeps more than he is aware of, and that each night will find him stronger, and he naturally will get more sleep. It is here that the hot baths do much good, and they should be given two or three times a day and at night, and if it be impossible to find sleep naturally I am in the habit of prescribing trional in fifteen grain doses at bedtime for a few nights, and strychnine to tone up the nervous system. It is not allowable to tell him what you give at any time. Teach him to depend on himself alone for a cure and not to depend on drugs, in fact impress it on him that he is to quit drugs of every kind whatever for all time, and if he uses tobacco, cigarettes, coffee, tea or anything not necessary to his good health or bodily comfort, try to get him to cut it out.

Now, gentlemen, this has been my plan for the treatment of the opium habit. I make no claim to proprietorship or originality of discovery. I picked it up reading journals and other literature and when I say I have cured a few cases by this plan it is no more than any of you can do if you will only try, and whilst it has many disagreeable features, principally

by interfering with regular work, still it is worth something to know that you have been instrumental in saving a poor unfortunate, helpless, human being to his friends, his family and his God.

THE COUNTRY SURGEON AND HIS NURSE.

J. T. B. BERRY M.D.,

BRANDON.

Mr. President and Gentlemen of the Association:

In casting about for a suitable subject upon which to write a paper for this section I must confess that I found myself at sea. This was true for the simple reason that those subjects upon which I might have written something have been presented to this Association so often that it would have been an intolerable trespass upon your time and patience for me to present them again: and those subjects which are engaging the attention of surgeons to-day, and which would be of special interest to you, such as the surgical treatment of nephritis, the surgery of the gall-bladder, the diagnosis and treatment of osteo-myelitis, the best methods of suturing wounded intestines, etc., I felt myself incapable of handling. I have therefore endeavored to secure the promise of others more capable than myself to present papers on some of these subjects. The success attending these endeavors will be evidenced by the papers which will be read in this section for your consideration.

The few moments of your time that I shall consume this morning I shall devote to a subject that is of interest to us country doctors especially, and particularly those of us who attempt to do a little surgery occasionally, emergency surgery, or such as is forced upon us at times.

We all understand that strictly speaking there is no such person as a country surgeon, but that every country doctor must of necessity at times transform himself into a surgeon *pro tem.* He is brought face to face with surgical work that must be done and done at once. It cannot be put off. There

*Read before the Mississippi State Medical Association.

is no time to send the patient to a surgeon. The work must be done then and there.

As I use the term "country surgeon" or "country doctor" in this paper I mean to include not only those who practice in the country proper but also those who practice in the smaller towns as well, and all those who have not hospital advantages and conveniences: those who can neither carry nor send this class of work to a hospital or sanitarium.

The surgeon's most valued and valuable assistant, the one most indispensible, is a good nurse. I would rather have a good nurse to assist me in a surgical operation than to have another medical man if I could only have one or the other. She would be of more real help to me. The greatest inconvenience that country surgeons have, and it often amounts to an almost insurmountable obstacle, is the deplorable lack of good nurses.

Graduate nurses are a great institution. I wish that there were more of them. They are indispensible in hospitals and in private practice with people who can afford to employ them; but there are a great many people who need their services who unfortunately are not able to employ them. Often these are good people, good citizens, and among our best patrons. But these people cannot secure the services of a trained nurse for two reasons. First, they are not able financially. Second, it would take too long to get one to the patient, for we would have to send off to some city to find one. Then the question naturally arises, what is to be done?

Let me imagine a case right here; and I venture that most of you will recognize it as a true picture, especially those of you who live in the country. You are called to see a patient three or four miles from your office. When you reach him you find that he has a strangulated hernia, or a limb mangled by some machinery or a gun shot wound or something equally as bad. May-be he is almost dead from loss of blood and shock. The patient is in a critical condition and you are in an embarrassing situation. You are three or four miles from your office and your instruments. The surroundings are exceedingly unpromising. Everything is very unsanitary. You have no help at all except a lot of nervous, excited people who have gathered there through sympathy or curiosity. Now then, whom would you like to

have with you just at such a time? Of course, a good nurse above all others. But one is not there and you must organize your help from the miscellaneous crowd around you. You must develop impromptu nurses from material utterly unfit for such work. And after you have selected the best help available, you must personally supervise every thing that is done, and even do the most of it yourself. You must find a suitable room and often that is hard to do. You must have it emptied, cleaned up and made ready for the reception of a surgical case. This is often no small task. You must have the patient cleaned up and made ready for a surgical operation. You must get your instruments the best way you can. You yourself must sterilize them and arrange them as you want them for the operation. You must prepare and sterilize towels, dressings, etc. You must sterilize a quantity of water and put it in vessels convenient for use. You must do the best you can for an operating table and for small tables for your instruments and dressings—and remember that you have no nurse that you can depend upon and that you must do most of this work yourself, or at least supervise it personally.

But the most painful and humiliating feature of the situation I have just described is the fact that you realize fully that the country surgeon's nurse is a myth. She is an abstract quantity. She does not exist. You may dream of nurses; you may read of them in books and journals; you may see them about hospitals and in the cities, but when you are in sore need of their services out in the country they are not there. And as a result of their absence many an operation is not done which should have been done; and I doubt not that many lives have been lost for the same reason, and possibly some of these valuable ones. It is always a source of satisfaction and gratification to the doctor to have a good nurse with his patient. It saves him work and very often worry. But this is not the most important feature of the case at all. It adds so much to the patient's comfort and recovery. We all will agree that the presence and attention of a good nurse often determines the fate of a patient.

But it is not necessary for me to say more to impress upon you all the need and the unfortunate lack of nurses in the country. We all realize these facts fully.

Now then I come to the main point and the chief object of this paper. We want more nurses in the country, cheap nurses, those who can afford to work for from five to ten dollars per week. The necessity for such nurses has become imperative. We need them and we must have them; but where are they to come from and how are we to get them? The time is passed when a man or woman can be, or should be, expected to leave his or her own work or business to go and nurse a sick neighbor. Besides, such nursing is very unsatisfactory to both patient and physician. It is especially so in surgical cases, for these cases often require constant, careful and skillful nursing. The welfare of the patient so often depends on the nurse. Then I repeat that we must have more nurses in the country. We cannot do without them. They are an absolute necessity.

I have this suggestion to make: let every physician who feels the need of such nurses take upon himself the task of training two or three young women for this work. There are plenty of them who would make fairly good nurses with some training who would not care to take the regular course of two years, or who could not do so if they wished. It would be a gracious act to give these young women respectable work at a fairly good remuneration. It would be advantageous to physician and patient. You can take an intelligent young woman who has any tact for such work and soon teach her to count the pulse and respiration, take the temperature, observe and note symptoms, etc., and to keep such records as are usually necessary to be kept. They can also be taught the meaning of surgical cleanliness; to prepare a patient and operating room for a surgical operation; to prepare and sterilize towels, dressings, instruments, tables, etc. They can even be taught to administer the anesthetic in cases of emergency.

And in conjunction with your instruction have them get some good, practical work on nursing, and read and study it. Occasionally you might examine them to see whether they intelligently understand what they are reading. If you will adopt this plan I think that in a few months, or a year or two at most, you will find that you have pretty fair nurses right at home and at your command at any time. And these will answer every purpose in the great majority of cases.

Of course when you had any special work to do for a patient who could afford it you could get a graduate nurse. The development of the class of nurses I am suggesting is for the benefit of those who cannot afford to employ graduates. It may be that if any graduate nurse should happen to read this paper she would not endorse it. She might say that I discourage young women from taking the regular course of training for this work: that I would supplant the regular graduate nurse with untrained ones. But let me say right here that nothing is farther from my purpose. I would not supplant the graduate nurse. I wish that we had more of them—I wish that I could get one to nurse every one of my patients. But if I can't get a graduate nurse must I do without any nurse at all? Must my patient suffer for lack of a nurse because he is not able to employ a graduate. This would not be humanitarian. I believe that most graduate nurses are noble, true women; and I do not believe that many, if any, of them would take this selfish view of the matter. Besides, I believe that such a course would have exactly the opposite effect. It would create a greater demand for the services of the graduate nurse. More than this, it would develop among these home-trained nurses an ambition to go higher. They would not be content, many of them, to continue to work for from five to ten dollars per week when by taking the regular course and graduating they could get from twenty to twenty-five dollars. I believe that it would do more to increase the number of graduates than any other plan. It would soon fill the training schools with good material. It would be a kind of preparatory training for the regular course. They would know before they entered the training school something about what it meant. And not so many of them would be sent back to their homes after the few weeks of probation.

I hope that these suggestions will not be in vain, but that physicians over the country will do something along this line.

*REMARKS ON EMPYEMA.

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Empyema, or purulent pleuritis, is of more common occurrence than most physicians imagine; in fact it is the cause of many deaths attributed to unresolved pneumonia, where the lung it is claimed fails to clear up, or pressure from pleuritic effusion causing heart failure. I have heard these explanations given when the entire matter could have been cleared up by a simple puncture with a large hypodermic needle. The usual causes of empyema are (1) the degeneration of sero-fibrinous pleuritic effusion which, even when it clears away, contains some corpuscular element which increases in number, especially if a non-aseptic thoracentisis has been performed, rendering the clear serum of a milky color which latterly turns to pus. (2) Empyema also follows scarlatina, pneumonia, tuberculosis and all the eruptive fevers, and again its cause may be traumatic through the chest, as the fracture of ribs or penetrating wounds, either stab or gun-shot. The usual bacteria found are the staphyloccoccus and streptococococcus and tubercle bacillus; the pneumoccoccus is usually found after pneumonic cases. If, after any of these conditions enumerated above, we have pains, cough and expectoration with dyspnea, with diurnal chills and paroxysms of sweating, dullness on percussion which changes with upright position, absence of vesicular murmur, a bulging of the intercostal spaces, with tendency to lie upon the affected side, all these conditions point either to pleurisy with effusion or more likely to empyema. The only positive method of determining which it is is by exploratory puncture, which when done with an aseptic needle or trocar is usually harmless and painless as well, especially if preceded by an injection of cocaine or chloride of ethyl spray. Flocculi or fibrin often block up the end of the needle so that a pleural cavity full of pus may give a negative result, or if the pus is very thick it may fail to be drawn through a small needle, yet as a rule we do not have much difficulty in establishing our diagnosis even with the large hypodermic

*Read before the Mississippi State Medical Association.

syringe and needle. The prognosis in these cases is usually grave but the outlook will be modified by the character of the bacilli and early diagnosis, with the thorough drainage of the cavity. Age again modifies the prognosis, as the prospects among children are much more favorable than among adults. Phthisis pulmonalis, pericarditis, peritonitis or septicemia, when complicated with empyema, as a matter of course add to the gravity of the situation very materially. Again, left-sided empyema is much more fatal owing to involvement of the pericardium or displacement of the heart. Out of six hundred and fifty-six cases collected by Weightman in English hospitals, among children over three years of age, sixteen per cent. proved fatal under the most approved treatment, including drainage and rib-resection when indicated. The same statistician found the mortality to be fifty per cent. in children under three years of age; the mortality rate was very large in old people. The treatment of empyema is purely surgical. An early diagnosis with free incision and drainage is the teaching of all competent men. The variety dependent upon the pneumococcus may possibly be cured by aspiration or absorption, in fact such a course has been recommended of late by some French writers; but the question naturally arises, why risk a life upon the name of a germ when we know other simple methods will almost surely afford relief. Our plain duty in all cases of empyema, as in an abscess, is to remove the pus and keep the drainage free, to secure expansion of the lungs, and to prevent deformity. Aspiration should only be relied upon as a temporary make-shift in urgent cases with effusion upon both sides and when the fluid is sero purulent. Even if aspiration be often repeated there is frequently left in the pleural cavity cheesy masses and flocculi of fibrin which cannot be removed by the aspirator. A large size trocar and canula which fits the aspirator should be used if we aspirate, in preference to the usual sharp pointed needle which might inflict unnecessary damage upon the lung or pleural membrane if inserted too far. The fluid is sometimes syphoned away by slipping a rubber tube over the nozzle of the trocar, allowing it to fill with fluid and placing the lower end in a basin of sterilized water. In children it will be found that usually there is plenty of room for drainage between the ribs,

without having to resort to resection of the rib which adds materially to the shock of the operation besides opening the cancellated structure of the ribs, making pyemia and necrosis more probable. If the interspace between the rib is not large enough to permit free drainage, resection then becomes necessary; but we usually gain sufficient space by increasing the length of incision between the ribs, putting in two or three larger rubber tubes, one inch long, held together by a safety pin. These tubes should not extend far into the pleural cavity as they irritate the lung if too long, or much beyond the chest-wall externally as they prevent the dressing from lying smoothly if too prominent. It is time to remove the tubes when the discharge changes from purulent to a serous fluid and becomes very scanty in quantity. This may be the case in from ten to twenty days, but oftener it takes as many weeks. The opening may be kept from healing after the tubes have been removed by a slight packing with iodoform gauze. In operating upon a child under three years of age a single large drainage tube is usually sufficient, but two, and sometimes three, of these tubes is necessary in adults. The pleural cavity can be more completely emptied by frequently turning the patient upon the affected side, thus causing the fluid to gravitate towards the opening and to be discharged more freely during efforts at coughing. The patient should be encouraged to sit up if strong enough to do so at the end of the first week. These cases are rather slow in convalescing. The average length of time usually runs from seven to eight weeks, but many are much more protracted. This is usually the case where the cause is tubercular or where debris or large coagulæ are found in the pleural cavity. Under such circumstances the incision should always be made larger and this detritus removed by gently douching the chest cavity with sterilized water a little above the normal temperature of the body. This procedure, with efforts at coughing, will usually wash out these foreign substances. Irrigation of the pleural cavity cannot be resorted to with impunity as fatal collapse has followed this procedure. No antiseptic or disinfectant should be added to the douche, unless the discharge is particularly offensive from gangrene of the lungs or decomposition of the pleural membrane. Under such circumstances mild solutions of boracic acid or bichloride of mer-

cury, one to ten thousand, may be employed, but an injection of sterile water should follow. I have recently operated on two cases of empyema following pleuro-pneumonia, or grippe-lung, following out the plans indicated in the preceding remarks, with results eminently satisfactory. The temperature in each case ranged from 103 to 104° F. with all the physical signs of empyema. After spraying with ethyl chloride, or giving the local anesthetic, the side was given a thorough antiseptic scrubbing with bichloride solution, the tubes and instruments were also rendered aseptic by thorough boiling, and an incision was made about two inches long in the sixth intercostal space, in the axillary line. The skin was pulled up, so as to form a valve-like opening after the tubes had been removed. The index finger was pushed into the incision to determine whether the rubber tubes would be collapsed by rib pressure or not. The pleural membrane was opened for about an inch and a half, when about two quarts of pus flowed very freely, spurting out in jets after each effort at coughing. The cavity was kept as thoroughly empty as possible by encouraging the patient to lie on the affected side. The wound was then covered over with iodoform gauze and several layers of absorbent cotton to take up the fluid, which were changed as often as necessary. These cases had a fall of temperature from 103° F. to normal within twenty-four hours after the operation and made an uneventful recovery after three and six weeks confinement. We do not mean to reflect upon those who advocate rib-resection in order to get freer drainage in adult cases. In fact, we rather think it indicated in cases where the drainage is not entirely free, but in younger subjects, and especially in children who are very often much shocked by the operation, we rather incline towards the use of the drainage tube than to the more formidable operation. It has seemed to me that the teaching of many of the text books has been too radical in regard to immediate resection of the ribs in nearly all cases of empyema. As a matter of course, we know free drainage is imperative in all abscesses, but it does not necessarily follow that you cannot get this by opening the seventh intercostal space, instead of the sixth, by making the incision longer between the ribs, and having the rubber drainage tubes large. The sharp edges of the cut ribs, the bleeding from the intercostal

artery, the shock, all argue against rib resection unless the lung has been permanently retracted by the pressure from the fluid and there is a large amount of dead space, when either Eastlander's or Scheede's operation may become necessary. One thing that has convinced me of the evils of rib resection has been the numerous cases of sinuses I have seen in the clinic, due to necrosis after resection. I think counter openings equally unnecessary if the first incision is at the lowest point for drainage and large enough. There is rarely any indication for but one opening. In the month of January, 1904, I was called to see a little patient, about six years old, who had been suffering from lagrippe and its effects for six weeks. I was the fourth doctor in the case and found the patient very much spoiled from his long spell of sickness, and having his own way. The temperature was 103° F., sweats profuse, respiration 36, pulse 120. The little fellow was so irritable that it was almost a physical impossibility to auscultate or examine him. After stripping him I saw the respiratory act was confined to the right side, also that the intercostal spaces were less marked on that side. Breath sounds were absent. Flatness was complete. I recognized at once that the pleural cavity was filled, and suggested that drainage be established at once. It was with some hesitation that I got the consent of the parents to operate. After aseptically cleansing and cocainizing the side, I made puncture with a trocar needle between the sixth and seventh ribs in the axillary line. The pus came through before I could attach the syringe. I used the needle as a guide to enlarge the opening with a knife, when one quart of pus escaped. The lung was compressed into a small space in the upper portion of the thorax. The child was not shocked by the incision, which was painless. A medium sized rubber tube was inserted, with safety pin through one end to keep it from slipping into the cavity. A large pad of absorbent cotton was placed over the tube; a bandage was thrown around the chest, and within twenty-four hours the fever was gone. As the lung expanded I cut the tube shorter until it was finally forced out. I did not irrigate, just drained. The result was perfect within three weeks. In children, and where there is good space between the ribs, I do not think resection required.

That these cases of empyema occasionally cure themselves by spontaneous rupture into the bronchial tubes is evidenced by the following experience. Some time ago I was called in consultation in the case of a little girl who had empyema following a pneumonia with pleurisy. For weeks she could only rest lying on her affected side or in the sitting-up position. The intercostal spaces were bulging and all respiratory sounds lost in the left side. The parents were afraid of an incision but finally consented, and while the preparations for the operation were being made the little child in a violent fit of crying and coughing ruptured the empyema into one of the bronchi, expectorating large quantities of pus for the following two weeks and making a rather slow but complete recovery, though she was very weak from the septic condition for several months afterward.

*BETTER HOSPITAL FACILITIES FOR OUR PUBLIC INSTITUTIONS, JAILS, ETC.

J. H. RHODES, M.D.,
JACKSON.

I have selected this subject realizing that possibly a number of medical brethren will be disposed to think that all papers read before this Association should be confined to such subjects as will be of some benefit to the profession. It must be admitted, however, that all conditions which affect the public in any way influence the medical profession also. That the various public institutions of our state should be thoroughly equipped with facilities for taking care of the sick, there can be no longer any doubt. How many thousands of dollars are appropriated at each session of the Legislature for the maintenance of our colleges and state institutions, and the erection of new buildings, and how much of this vast amount is utilized in making suitable provision for the sick? How much is used for disinfecting and fumigating these public places? Those of us who have accepted the germ theory look upon this gross neglect with indignation and horror. If we will stop and reflect for a moment upon the rapid rate the human family is becoming contaminated

*Read before the Mississippi State Medical Association.

with tubercular diseases, we will be forced to conclude that every precaution should be taken to prevent its spread. The president and board of directors of every public institution should be held strictly to account for the sickness and death of its occupants, for in this progressive age civilization demands it. There should be a progressive medical man on the board of directors of every state institution, as well as every county institution, whose duty it should be to look after this part of the management. If this is considered class legislation, then the laws of our state should be so made that every county health officer or county physician should be required to visit these institutions with the various grand juries, and report such improvements as are necessary. There should be a graduate trained nurse with a fixed salary connected with every public eleemosynary institution in this state and certain apartments should be set aside as a hospital, with sanitary plumbing for all water connections, etc. In the colleges of our state, I am sure more ample provision is necessary. How often is some fond parent summoned to the bed side of his or her promising boy or girl, there to watch his or her beloved form writhe in agony from the intense heat of a high fever or an aching head, and finally succumb to disease, when on the other hand, if there had been sufficient accomodations and skillful nursing, he or she might have been restored to health. I think this is one of the saddest death scenes imaginable. I desire to make this public declaration: nine tenths of the jails of our state are a disgrace to civilization. They are too small, poorly ventilated, unsanitary, and without any hospital facilities whatever. New jails are being built all over the state and I think it little short of criminality for those in authority to neglect to provide suitable conveniences and accommodations for the unfortunate inhabitants of these buildings. Handsome public school buildings are being constructed in nearly every town in the state, and I fear too little attention is being given to the proper heat, ventilation and sanitary surroundings. Therefore the children contract colds and various other diseases which are liable to result seriously. Each school building should be thoroughly fumigated once a month or oftener if necessary.

The various convict farms of our state should also have

better facilities for taking care of the sick. I favor the punishment of every human being who violates the laws of our country, and when stripes are placed upon him he should be made to do hard manual labor, but when this same human being is stricken down with disease and he suffers pain and agony, there should be a comfortable place provided for him, a good nurse and such diet as a sick man should have.

There is another place that should receive some consideration before closing this paper and that is the poor house. The name itself suggests everything connected with it, for it is generally poorly constructed, poorly located, poorly managed and the inmates are as poorly nourished and as poorly clothed as the poor could expect, and it seems they are too poor to be nursed when sick.

In conclusion, I trust that some impression will be made upon those who have the right and power to establish these hospital and sanitary facilities by the simple and plain thoughts in this paper, this being done it will have accomplished its purpose.

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*"PAIN IN THE BOTTOM OF THE BELLY."

E. J. JOHNSON M.D.,
YAZOO CITY.

There are certain "propositions" that all men in all ages have had to meet. The mariner has his storms; the minister has his backsliders; the man of finance has his fluctuations; and the poor doctor in all walks of life has had to contend with a harder proposition, *pain*—especially pain that occurs and recurs; pain that always rises to condemn him; pain in the lower abdomen. When confronted with this most intractable affection, we have recourse to only two alternatives, of which we can take our choice, namely morphine and surgical relief. For in almost all such cases, we must at last come to the one or the other.

Those of us who have had to work out our own salvation, so to speak, know what it is to have a woman, in whose soul we can mirror our destiny, come to us time and time again with the same old story—that the viburnum and bromides,

*Read before the Mississippi State Medical Association.

hot douches, blisters and glycerine tampons, and all such other accessories to aid her, fail and tell us of failure and picture to us her miseries in solemn and pathetic tones. What must we do? "Where are we at?" We are confronted by a serious problem, pelvic disease—pus perhaps in the pelvis —if not pus, certain morbid conditions just as bad, rendering the patient just as helpless, just as hopeless.

We should act conscientiously now, if ever we expect to in all our lives. To begin with, we should make a thorough examination and *try* to arrive at a correct diagnosis. I say try, knowing full well how impossible such a procedure sometimes is. We may meet with a fixed uterus, painful and swollen tubes, enlarged ovaries and a pelvis choked to strangulation by masses that have wedged themselves all about the uterus, and yet have a condition entirely amenable to relief by vaginal puncture.

Dr. Howard A. Kelly says that in such cases, especially where the tumefaction of pus reaches to the vaginal fornix, he has had most satisfactory results from opening the abscess per vaginam.

He further advocates the combined method, wherein the abdomen is opened and one hand rests upon the diseased area, while with the other, through the vaginal route, puncture is made direct into the most pendent portion of the pus sack.

Dr. Kelly claims most gratifying results in such cases.

His opinion is entirely worthy and his principles are laudable, but what shall we do in cases in which such favorable conditions do not obtain? Let us see about the probable risk that we take in complete enucleation of all the diseased tissues.

To begin with, *is it a fact* that all pus sacks are dangerous, even if they should be ruptured?

Emphatically I say *no* and take the liberty to quote from Wertheim, who says that in a series of 116 cases of pyosalpynx, he found 72 cases in which there were no bacteria at all, and I firmly believe that all bacteriologists will bear me out in the assertion that most all of the disease bearing germs, if cooped up sufficiently long, become practically inert.

Therefore, the very important question arises, *viz*: shall we content ourselves with mere tapping of the pus pocket, or

shall we give our patients complete relief from all pathological lesions by a more thorough and what appears to me a more scientific procedure, by removing the entire sack and liberating all adhesions which kind nature has so abundantly provided in absence of surgical skill.

The question is up to us. I must say in all deference to Dr. Kelly and all others who have the best interest of humanity at heart, that I personally lean toward complete and absolute enucleation of all diseased conditions, where such are at all possible, provided the same do not conflict with physiological and anatomical structures, being mindful of the fact that in certain cases we must expect to encounter an enemy in the person of live and hostile germs; but shall we consign our patients to eternal invalidism from adhesions and mechanical obstructions with the only satisfaction to our minds that we have let the pus out without risk? Or shall we consider that over half are free from the pathogenic process of live germs and give them the chances of complete enucleation and thorough drainage and, where rupture is imminent, wall them off with gauze and liberate all intestinal adhesions and put all organs that have a chance for life in their respective positions and make sure by covering up all raw surfaces that no further adhesion can exist.

I beg to submit the following cases which may in part show you the fallacy of vaginal puncture on the one hand and the efficacy of complete enucleation on the other.

We had referred to us a woman who was suffering from a fibroid tumor: this was the diagnosis that had been made and was the only one that could be made from any physical examination.

Upon the complete removal of the fibroid, we had to encounter a large pus tube posterior to the uterus which, if left undisturbed, would have doubtless remained as a source of constant trouble, being fixed to the descending colon, narrowing its lumen, and attached to all vital structures within the left half of the pelvic area.

By careful manipulation we liberated the entire mass, leaving the woman absolutely free from morbid conditions, which no amount of absorption could have accomplished.

Let us take another class of patients and see what tapping would accomplish. Out of a total number of 148 ab-

dominal sections that we have made within the past 24 months, only one of which number we have lost, we had three cases wherein the infection was clearly traceable to the appendix. The right ovary was attached to it, and the fimbriated extremity of the tube on that side showed evidence of infection. I ask if tapping would have afforded any sort of relief here.

Let us now go to that class of cases that come to the general practioner. They have pain in the belly, pain in the small of the back, painful menstruation, leucorrhea—no doubt they have had that most potent of all female ills, gonorrhea.

When they come to us, we find a decided tenderness over one or both tubes. As Kelly expresses it, saddle bags over the uterus on both sides. In all such cases, gentlemen, we have removed both tubes and both ovaries. The number was 64 cases and we are thankful and even proud to say that we have had no deaths in this number, albeit they all come to us with pain in the belly, and really with pus in the belly —perhaps, as Noeggerath says, "*sterile pus.*"

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* DISLOCATION OF SPINE—REPORT OF A CASE.

J. D. DONALD M.D.,

HATTIESBURG.

On September 12th. 1903, M. W. L., white, male, aged 20 years, in perfect health, while riding at a rapid gait was thrown from his horse, receiving the force of the fall upon his shoulders. He was picked up immediately afterwards in a helpless condition, wholly unable to move any portion of his body except his head and hands, and these very slightly. Medical aid was summoned at once and all that could be done in a medical way was done, but with no benefit except to relieve the pain and control the temperature, which at times reached as high as 106° F., and to relieve other distressing symptoms.

The writer was called on October 1st., nearly three weeks from date of injury, and found the patient with a tem-

* Read before the Mississippi State Medical Association

perature of 101° F., rapid pulse, emaciated and tympanitic, completely paralyzed both as to motion and sensation and with retention of urine and incontinence of feces. Passing my fingers along the spine, the third dorsal vertebra was found displaced forward and laterally. This was diagnosed as the cause of the paralysis. Passing my hand down the spine, a large bed sore involving the entire sacral region was discovered. After deliberating but a short while on the case, an operation was advised as affording the only hope of recovery. Two days later the patient was brought to the South Mississippi Infirmary where, with the assistance of my colleagues, Drs. Crawford and Bufkin, an operation was performed. A five inch incision parallel with the spine was made, down to and exposing the vertebrae. Finding no fracture of the laminae or transverse processes, an effort was made to restore the displaced vertebrae to its normal position by pulling with strong forceps attached to the transverse processes, while the body was forcibly extended from either extremity by assistants. This effort, however, proved a failure and a laminectomy was done, the neural arch being entirely removed and the cord fully exposed. On inspection, the covering of the cord was found darkened, somewhat thickened, with other general appearance of structural change due to the pressure on it. The wound was closed on either side with sutures of silk worm gut, leaving an opening in the center just over the exposed cord which was packed with iodoformized gauze well covered with plain cotton and a broad splint placed over this along the spine and firmly held in place with roller bandages around the body. Authorities consulted by us advised the complete closing of the wound, without drainage, in such a way that the dressing would not necessarily be changed often. Our reasons for using the gauze drainage was with the view of not hastening the closing of the wound, but rather to keep it open and let it heal by granulation, thereby substituting for the removed laminae as great an amount of cicatricial tissue as possible, and I will say also in this connection that the dressings were changed every fourth day. On the morning following the operation the patient could move both feet, and sensation was partially restored, the urine was dribbling away, which enabled us to dispense with the use of the catheter, and the bowels only

acted when a laxative or anema was given. No pneumonic or bronchial complications developed nor did any other new complications arise. The patient's temperature kept varying from 99½° to 104° F. This, however, was caused by the extensive bed sore involving the sacral region, already alluded to, and to which we would have ascribed his death had the patient not recovered. Of all complications that could have developed, none could have been more serious and painful or been a greater cause of anxiety than was this one in this particular case, being of unusual dimensions in all directions, very destructive to the tissues, sparing none until the bone was reached, gangrenous, offensive, in every way difficult to manage.

Two weeks after the operation, a large metastatic abscess formed between the floating ribs and the crest of the ilium on the right side. This was evacuated and discharged very freely, and in two weeks' time it healed. The bed sore began to heal about the same time and the patient made a slow but uneventful recovery, being able now to walk very well with his crutches. His movements are free and easy, sensation is normal and strength rapidly returning.

The report of this case is submitted not because there is anything new or original in it, but because these cases are fortunately of not very frequent occurrence and often, when they do occur, are regarded with such a degree of hopelessness that little effort is made to restore them. There are three points of especial interest in this case to which your attention is directed: First, the location of the lesion, for on this we base our prognosis very largely—the higher up the cord the injury, the more serious the consequence. Second, the time to elapse from receiving the injury until date of operation, the cord being of a very soft pulpy nature changes very rapidly under constant pressure and irritation, and once permanently impaired by structural changes an operation, however successful otherwise, would be useless, but not being able to determine the exact time that this occurs, you should give your patient the benefit of the doubt and remove the cause of his paralysis however hopeless the effort would seem. Third, the importance of early operative procedure is clearly emphasized by our case. The nature of the injury being clearly understood, the path of duty is plain.

Had this patient been operated on at once, most of the damage to which he was subjected would have been avoided; a long and tedious convalescence with horrible bed sores and great loss of time, all would have been avoided.

Should the report of this case with any thought suggested prove a stimulus to a brother physician when he may meet with a similar case, the purpose of the writer will have been fully accomplished.

Bad Debts and Medical Fees.—Poverty will be the lot of the medical profession until the doctor is not only convinced that the "servant is worthy of his hire," but until the doctor sees to it that the servant gets his hire. Your grocer does not say to you when he comes to the accounting, "Your bill is $50, but give me $20, and we will call it square." Hundreds of doctors close their accounts in this way with people who are amply able to pay in full. Is it because the doctor feels that his services are not worth the compensation? If so, by all means be conscientious. Reduce your fees and make seventy-five cent calls. Don't charge two dollars if you think you are cheating your patient in so doing. But if you are charging two dollars a call and think you are worth it, insist on getting it in a reasonable time. Do not apologize for your dun. Follow the example of your grocer, your butcher and your landlord in this particular of getting paid for what you do. Medical service ought to merit compensation, and prompt compensation, as much as do prunes, pork sausage or dog meat.—*Chicago Clinic.*

EDITORIAL.

OFFICIAL ORGAN OF

THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss., by E. F. Howard.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

"It is stated on good authority that the Federal government through the Post Office Department will attempt to restrain fraudulent traffic in patent medicine and medical advice. * * * It is proposed to exclude from the mails, after due notice, periodicals and newspapers which persist in publishing advertisements aiding the traffic referred to above."—*New Orleans Medical and Surgical Journal.*

The function of a Board of Health is to keep people from getting sick, chiefly by finding sources of disease and removing them. Most health boards really do as well as they possibly can, but unfortunately they are usually without either means or authority to inforce their dicta, consequently when the Federal government through its post office department evidences a strong determination to aid the health boards by closing the mails to those sheets which either through cupidity or stupidity sell their columns to the patent medicine and fake doctor frauds, the entire medical profession should lend them every assistance by united movement in endorsing this action. By strong resolutions and decisive steps every congressman and senator in this country should have it brought home to him that the medical profession is a powerful factor in every movement looking towards conserving the public health.

Every county society in the country should pass appropriate resolutions which should be sent to the post office department, senators and representatives in Congress, and to the Federal judge and district attorneys of their respective districts. The county societies should keep a vigilant outlook for such advertisements in all newspapers and periodicals circulated within their territory and upon finding the tabooed matter at once forward it to the post office department and the above mentioned legal authorities.

It might be said that such things as patent medicines and

fake doctors do not cause disease, but there is no man who has practiced medicine for any length of time but knows that these very evils are really often at the bottom of many real and imaginary ills, and how many of us are there who have seen dozens of young men almost complete wrecks from the nostrums and nonsense poured into them by those hyenas of the profession, the advertising quacks. Within the writer's own knowledge, a splendid young man, wrought to a frenzy by statements made to him by a firm of rascals in New Orleans, committed suicide, going to his death for fear of developing some loathsome condition secondary to a simple case of chancroids, which these advertising scoundrels had led him to believe was a case of syphilis in order to extort a big fee from the poor devil.

Then again, run over for a moment in your mind the number of young women, many of them lawfully wedded, who have had their health destroyed by some such devilment as is suggested and contained in such advertisments as these appended (taken from the New Orleans *Times-Democrat* and *Picayune*):—

DR. W. BILLE—Nervous and private diseases (men and women); difficulties of menstruation always relieved. 309 St. Charles street. Ja27 '04—7m*

FOR WOMEN ONLY.

DR. R. G. RAYMOND'S Monthly Regulator has brought happiness to hundreds of anxious women. No pain, no danger, no interference with work; relief in 3 to 5 days. We have never known a single failure. Mail orders promptly filled. Price $2.00. DR. R. G. RAYMOND REMEDY CO., ROOM 61, 84 ADAMS ST., CHICAGO, ILL. my6 '04—1y

LADIES—When in need send for free trial of our neverfailing remedy; relief quick and safe. Paris Chemical Co., Milwaukee, Wis.

LADIES! Chichester's English Pills are the best. Safe, reliable. Take no others. Send 4c stamp for particulars. "Relief for Ladies," in letter by return mail. Ask your druggist. Chichester Chemical Co., Philadelphia, Pa.

DR. J. PEREZ'S FEMALE REGULATING PILLS—The surest remedy for all female irregularities. Sold by druggists. Office 714 North Rampart, opposite Congo Square.

As conservators of public health, and it seems to me that no thought in a medical man's mind can have a higher community interest, it is our duty and should be our pleasure to take a decided stand for the promotion of this truly meritorious effort on the part of the post office department.

H. M. FOLKES.

UNCINARIA.

It was my pleasure and good fortune to hear Dr. Charles W. Stiles' address on Hookworm Disease at the meeting of our State Medical Association in April. Since then I have recognized several cases which I would have formerly treated as chronic malarial anemia. Recently I have discovered the worm in a new habitat, *viz:* the external auditory canal.

A negro child, two and one-half years old, was brought to my office for earache. I could detect nothing abnormal except an enlarged gland back of the ear. I washed out the canal quite forcibly and recovered considerable wax in the pan held under the ear. Some very small white particles in the water attracted my attention, and on close inspection I found them capable of motion. Putting one on a slide, I had some difficulty in keeping him in low power field, so much did he wiggle. Dropped a cover-glass over him, and found a hookworm. Packed the ear with boracic acid, and directed same be done every morning for a week. None found in the other ear.

Patient lived at a distance, so could not examine feces or follow result of the internal treatment which I instituted, for once on that line I could readily see a case of mild hookworm disease. The history also bore out this diagnosis, as parents said all their children would eat dirt but this one would eat "any kind of dirt at any time."

The source of the infection must have been dirt poked into the ear as there were hundreds of hookworms present, too many to have been transferred from the anus by scratching. Also they were fully developed and must have gone through their extra-corporeal changes before being introduced into the auditory canal.

I report this case as unusual though, except for location, it is no more than an ordinary case of "ground itch"; however, I had never before heard of an ear being affected and discovered the true cause of the earache quite accidentally. Probably many obscure cases of inflammation of the external canal have been unrecognized hookworm infection.

E. H. MARTIN.

OBITUARY.

Dr. Benjamin D. Watkins of Natchez died August 12th. from the effects of injuries received by being thrown from his buggy. Dr. Watkins was in his forty-second year and had practiced in Natchez seventeen years. He leaves a wife and three children.

Born in Natchez, he received his early education at Centinary College, La., and his medical training at Tulane. He was for two years interne in the New Orleans Charity Hospital.

On graduation he returned to Natchez where he built up a very extensive and lucrative practice. He evinced a great interest in the affairs of the Natchez Charity Hospital and was for many years the House Surgeon in charge of that institution.

He was four years president of the State Board of Health.

In his death the profession of Mississippi has lost a man whose place will be hard to fill. A bold and skillful surgeon, a learned physician, a "Southern gentleman" in the truest sense of the term, Dr. Watkins commanded the admiration and respect of all, and by his genial personality and ready sympathy won their love as well. The profound and universal mourning of his native city on the occasion of his funeral well demonstrated the feelings of his fellow citizens.

West Point, Miss., July 20th. 1904.

Whereas, W. W. Boyd M.D. of Osborn, Miss., an esteemed and honored member of the Clay-Oktibbeha Medical Society, did on the 18th. inst. lose his bright and interesting son Jesse, just eleven years old, by accidental shooting with a target rifle, therefore

Resolved 1*st*., that we tender our sincere sympathy and condolence to Dr. Boyd and his family in this their hour of sadness and great bereavement; and humbly commend them to Him who is the Protector of all life, whose ways are mysterious and past finding out; and to whom we bow in humble submission, knowing that God is love and can do nothing wrong.

Resolved 2*nd*., that as a token of our respect and esteem for our brother and his family, a copy of this preamble and resolutions be spread upon our minutes, sent to the bereaved family, the newspapers of the counties of Clay and Oktibbeha and the *Journal af the State Medical Association*.

Submitted with great respect and sorrow,

J. S. Montgomery, Ch'm.
J. W. Eckford,
T. G. Ivy,
W. D. Hubbard,

Committee of Clay-Oktibbeha County Medical Society.

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ORIGINAL CONTRIBUTIONS.

*INSTINCT AN IMPORTANT FACTOR IN THE DIAGNOSIS AND TREATMENT OF DISEASE.

T. J. MITCHELL M.D.,

JACKSON.

This is a subject on which medical literature is silent, but we consider it of sufficient importance to invite medical inquiry, and, entertaining this belief, will now offer a short and practical paper, recruited chiefly from personal observation. I do not propose to enter the field claimed by the naturalist and scientist, but to limit my observations chiefly to its medical bearing, and am prepared to say in advance that instinct is unerring while human reason is fallible, thereby showing that the former is due directly to inspiration; and when reflex action is interwoven into it the mechanism is so harmoniously adjusted as to give unerring results, which under human guidance is fruitful of many errors; and I believe the more that instinct in its application to therapeutics is studied, the more will its promptings be utilized.

It is said by some German admirers, that a skillful diagnosis is confined to the German nationality; and at the same time it seems to be approvingly stated by others that when this initial step is secured the *summum bonum* of medicine is attained; and while we recognize the essentiality of this important beginning, we would like to know wherein is the use of a physician unless, after a diagnosis, he can employ means to relieve disease, which is the true mission of the physician. To accomplish this it becomes not only his duty,

*Read before the Mississippi State Medical Association.

but should be his pleasure, to overlook nothing which in his judgment would contribute to this result.

When I was a medical student in Philadelphia, it was universally conceded that a certain physician of that city had no rival in the diagnosis of diseases of the heart and lungs, but the same physician was not respected as having any ability at the bedside, but was considered a mere tyro in the art curative.

I am now addressing these remarks to those whose catholic minds will not limit medical inquiry to any particular branch, but will endeavor, as far as is practicable, to learn something in all the branches of medicine, more especially therapeutics, as this is the branch which is expected to rescue the sick from their unfortunate condition.

Medicine is now subdivided into many specialties, but in each we are expected to attempt relief and ignore nothing which may contribute to this result, no matter how humble the source whence teaching is derived.

These remarks are a prelude to what I propose to say; and that which follows on the subject of this paper is the result of long observation, the importance of which has been emphasized as time progresses.

Clinical observation teaches us that we should pay heed to the suggestions of patients if urgently presented, lest the failure to do so might deprive us of some material aid which might have escaped our inquiry. It is probable, in many cases, that this urgency is prompted by an instinct for which the Deity stands as sponsor; and in such instances physicians should not feel that their professional dignity had been compromised in paying heed to them; and thus it is that when these instincts are analyzed and thoroughly studied we may find in them help-meets in the practice of our profession; and so potently do they sometimes appeal to our judgment that we would feel derelict in duty were we to discard them as unworthy of notice. Even infants in their relation to their fellow man, in modes of communication and in intelligence below many of the lower creation, will give unerring indications by their cries that all is not well, and when this cry summons it should meet with a prompt response, since it probably expresses a want of some kind which may demand food, or may be the vidette to indicate that some disease has

attacked the child, and in the absence of language this is nature's mode to secure attention; hence the cry of the infant is ordinarily conservative and must not be considered as evidence of an overindulged being, or in common parlance a spoiled one. The unfortunate little infant, without the gift of ordinary language, through the wisdom of the Deity has a language of its own, which, during its dependent years, becomes potent for good as well as evil, thereby serving a wise purpose in making suggestions which would be unrevealed to the physician through either chemical or physical diagnosis; and thus the synonym for badness becomes a conservative agent and is blessed by the physician in coming to his relief, as without this aid he would be impotent to reply to the many inquiries of the anxious mother; and also from the unlettered adult he will frequently receive admirable aid when least expected, since they are more resourceful in helping themselves in the application of domestic remedies than are those who are not self dependent but rely on outside help to relieve their suffering; hence in self preservation, where riches interpose to abate hardships with one class, a higher power then intervenes to at least secure to them to a certain extent the means of securing a new lease on life through the medium of an instinct which the rich do not heed, or else do not respect. There are many things occuring in our daily practice to illustrate the potency of instinct, not only as an adjunct in determining the treatment of disease, but also its diagnosis. There is a maxim in medicine that the tendency of all disease is to health, and while strictly loyal to all rational claims of my profession, I cannot call medicine a science *per se*, but simply nature's potent lieutenant, inasmuch as we are called to deal with individuals in whom common causes do not give uniform results, hence we must adopt all assistance that is available even though we are unable to offer a scientific explanation for its adoption.

I can recall that, when quite a small boy, long before the elements of anatomy were revealed to me, hiccough could be arrested by strong pressure over the epigastrium, thereby reaching the diaphragm, and through this inexplicable expedient could control the spasm of the diaphragm, which constitutes hiccough, and certainly this action was not the result of any knowledge of etiology on my part, but done in obedi-

ence to an influence foreign to medical teaching, knowledge playing no part in prompting the act, and should this be doubted you will find it confirmed by experiment; and you will find that examples of like import are quite common. When we have a headache we instinctively press the head and, if severe, cord it, by which the circulation is controlled, and if not entirely relieved the pain is greatly modified by this action. Pain is a vital act and must have pabulum to create and sustain it, hence when the circulation is restrained relief is the universal result, and even among savages this course is adopted because their instinct teaches them to adopt this plan as one means of relief; and when suffering with an overloaded stomach, instead of appealing to foreign help he tickles the palate and gets emesis through reflex action. There is also a pathological condition which obtains in congestive malarial fever in which the instinct of the patient guides the physician to the solar plexus as the central source of the disease. It is well known to intelligent physicians, and especially to those of the southern states, that malarial disease first attacks the nervous system, involving both the cerebro-spinal and organic system of nerves, which in the algid condition of the congestive type induces capillary stasis, resulting in a cyanotic condition of the general cutaneous system, which condition is readily mistaken for congestion of the lungs as this appearance of the skin is not uncommon in congestion of the lungs for lack of oxidation of the blood, but the unlettered by his complaints has already indicated that this stasis proceeds directly from the influence of the sympathetic nerve to which the ignorant directs you when he locates his disease in the region of the epigastrium, where his suffering exists and is expressed by a sensation of "goneness." As I have never experienced this pathological condition, I am unable to describe it, and even the more intelligent, while not employing the same verbiage as the ignorant, speak of it as a "horrible sensation," which they say is indescribable, but I believe it must be due to intense poison acting on the sympathetic system of nerves, and as an evidence that this is the chief seat of the disease is seen the beneficial action of strychnine in this pathological condition; and even quinine, which is considered almost a specific in this form of disease, seems to require the aid of

strychnine to relieve the organic system of nerves, and while its influence is chiefly directed to the cerebro-spinal system, in conjunction with strychnine has doubtless saved the lives of many in malarial districts. In this alarming condition the instinct of the patient serves as a guide in the diagnosis; and there obtains another condition in this same disease where the instinct is a better guide in the treatment than the course frequently adopted by the physician, when he fails to employ direct heat to restore the circulation in the extremities in lieu of chemical irritants, which in this algid state no more excite the capillary circulation than if applied to a piece of marble; and why does this obtain? Because the cutaneous circulation is too feeble to excite the superficial nerves to a response to chemicals; hence the major portion of physicians overlook the necessity for direct heat to induce reaction, and are disappointed when they hoped to derive benefit by the application of the medical maxim *ubi irritatio, ibi fluxus*, by the use of chemical irritants, but the chilly sensations of the patient suggest the wiser plan, when they wish for direct heat applied in some form that they may get immediate relief, which fact furnishes another strong reason through which physicians are taught through the medium of the instinct of the patient. Although chemical irritants in this grave condition will not give you the results hoped for, enough will have been absorbed to induce severe sores when reaction has been brought about through other agencies. I have known the finest Durham mustard to remain for many hours without any appreciable redness when the patient is in this condition of capillary stasis.

The term "heart failure" has become quite fashionable within the past decade and, as it is only a symptom of disease, expresses many pathological conditions, but it is quite convenient in cases of sudden death to refer the result to this cause, which is generally accepted by the friends of the deceased as the true solution for the sudden termination of the case. I plead guilty to the impeachment, but several years ago, after assenting to this diagnosis somewhat under protest, concluded to investigate the clinical notes in several cases whose deaths had been referred to "heart failure"; and in each case it proved to be dysentery, and the death of each party took place at a time when we

believed the patient to be convalescent. The histories of the three cases were quite alike, two occurred in adult females and the other in an adult male, and being the consultant I saw the cases frequently. In each case a short time before death many of the symptoms seemed better, as evidenced by the dejecta from the bowels as well as by the condition of the circulation, when suddenly the pulse became more rapid and feeble and death was soon the result. We all know that it has been the universal custom, from time almost immemorial, to treat dysentery with purgatives; and the one generally employed is of a saline nature with the view of depleting the inflamed bowel, but in my judgment, while I think this is advantageous, I do not consider that this is the only benefit to be derived from purgation but that other good purposes are subserved, one of which is to evacuate the ptomaines and impure secretions remaining in the bowels, and to get the full benefit of purgation an occasional dose of castor oil is required, which seems to be more efficient for this purpose by its excitant effect on the muscular coats of the bowels, thereby more thoroughly evacuating them. In late years there has been a renaissance of the ipecac treatment in this disease; and we thus see that all remedies claiming any attention are more or less purgatives, which carry out the will of the patient, since they all have a constant inclination and desire to void the contents of the bowels, hence instinct in these cases, independent of authority, suggests this mode of treatment and were this properly carried out, there would be, in my judgment, fewer cases of the so called "heart failure." Thus you will see that the instinct of the patient in this grave disease of the bowels gives a valuable hint to the physician and thus saves the patient from an autotoxic death. I of course do not wish to preclude the antiseptic treatment, for this doubtless contributes to antidote the ptomaines, which by absorption stifle the nervous centres of the heart and which in my judgment offers quite a rational explanation for many heart failures which under judicious treatment would seem to be avoidable.

In late years chemical science has so greatly advanced that scarcely a month passes that we are not placed under renewed obligations to the analytical chemist for some new preparation; and as to the coal tar preparations we find them

close kin to the alphabet, which seems to be inexhaustible as regards their combinations, and, although many of these preparations are decided contributions to the materia medica, are fraught with great danger unless used with care. Although we are unwilling to discount their genuine worth, I think that physicians unnecessarily employ them when a safe substitute could be used, one of which is cold water when the desire of the patient calls for it, to be used internally in the form of cold drinks and externally in the form of cold baths; and to be used *ad libitum*. When so used it will be found to be most valuable, cold water being nature's antipyretic and ordinarily free from danger. The desire for this treatment is prompted by instinct which belongs both to the higher and lower species of the animal creation. When cool drinks are taken freely, they not only cool that portion of the alimentary canal with which they are brought in contact, but pass through the perspiratory ducts and eliminate the surface heat in a latent form, and next to cold bathing cold drinks serve an admirable purpose; and in continuous fevers no practice has given more charming results. The Germans perhaps use this treatment more universally than does any other nationality, and the small percentage of deaths under this medication attests its great worth.

I will now cite to you a case where you can with profit call your patient in as a wise consultant; in the dietary of the sick, and in doing so doubt not that the sick are overburdened with food, which frequently is much more prejudicial than beneficial. Why feed so heavily your patient with acute disease when he loathes the food, which instead of doing good becomes simply a mechanical irritant, thereby lessening the patient's chance for recovery? When one's nervous system is responsive to all natural calls and wants why offend his stomach by so much food? For almost all the sick have an abundance of reserve force in the way of fat storage to serve them quite a while; and for this reason moderate feeding has taught me that from this practice better results would obtain than from the course recommended and adopted by many fine physicians, *viz.* extravagant feeding.

The medical faculty at this late date seems to be paying some respect to the opinions of the common folk, which by virtue of its source has but recently claimed but scant con-

sideration; and their suggestions, which have been handed down for hundreds of years, are now being adopted by scientific investigators as possessing worth. Science has recently demonstrated the efficacy of the red ray in the treatment of small pox, which practice has been in vogue for centuries by the common folk. As far back as the reign of Edward the Fourth of England, patients were treated with red blankets and red balls, which practice, doubtless inspired by instinct, has anticipated the action of scientists by hundreds of years; and as science progresses we are unprepared to say to what extent folk lore will antedate its investigations, and as such has been the case who has the right to challenge the efficacy of remedies whose origin springs from an humble source and, although paradoxical, it seems that wisdom has a domicile with the unlettered.

Even the carrier pigeon in its desire to seek its home and surroundings, demonstrates the potency and conservatism of instinct, and when released from its cage immediately makes a vertical ascent that it may attain that plane of the atmosphere which offers the least resistance to its flight.

Even the humble crab, when injured, practices involuntary surgery to remove the injured limb, which action may be due to instinct or reflex action, which in many instances are closely allied. You will thus see that modern investigators have ceased to ostracize small things, but patiently await the denouement of investigation before offering an explanation for many phenomena; hence, as an individual, I am not prepared to contradict anything in medicine or science which does not rob the Deity of his attributes, but when the domain of the Deity is invaded by what may be termed progress, my incredulity is fixed and irrevocable.

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*SCABIES.

J. C. HALL M.D.,

ANGUILLA.

This commonplace, contagious, cutaneous disease is selected for consideration not on account of its rarity, but because of its extensive distribution over all climates and zones of the earth's surface where the population is aggregated in

*Read before the Mississippi State Medical Association.

masses; and because it is a preventable disease and, if unity of action were had, could be stamped out within twenty-four hours. Although attended with no mortality, this disease is the scourge of armies, navies, entire communities; and it may be safely averred there is scarcely a rural school in the state where it has failed to secure a permanent lodgement among the school children. It would seem a work of supererrogation to add that among school children, the laboring classes and among soldiers, the disease caused by the *sarcoptes scabei hominis* is a permanent heirloom of humanity, unless correctly diagnosticated and properly treated. Yet there are numerous errors in diagnosticating its presence. Among the laity, it is known under the pseudonyms of "dew poison" and "impure blood," and by the unskilled dermatologist it is classified as "eczema," "psoriasis," "urticaria," etc., without reference to the underlying pathological cause.

While it is not my intention to weary you with a catalogue of the animal parasites of the human skin which inflict different injuries according to the structure of their implement for attacking the cutaneous structure, nor to write a thesis upon the itch mite, its natural history and mode of life, it is yet permissible to say that, according to our present nosogenetic conceptions, it is altogether impossible to imagine scabies without the presence of *acari*. These minute oviparous mites are transmitted from infected to uninfected persons by hand shaking and other modes of contact; when, after some running to and fro, they immediately attack their new host by boring into the epidemis with their cone-shaped heads and their scissors-like mandibles, and penetrating the epidermis secure a permanent home for future operations.

Subjectively this primal attack is felt as a local burning or itching which is repeated at irregular intervals. *Objectively*, a small reddened elevation, inconspicuous in size, is noted, unless the *acarus* happens to find a broken place in the epidermis, when the burning and itching at once become almost unbearable. The skin inflames and swells enormously around the wound, resulting in artificial eczema, folliculitis, dermatitis, furunculation and cutaneous ulcers. As the disease spreads into new territory, Ziemssen says: "The mites and their borrows increase, as well as the nodules, vesicles and pustules produced by the presence of the animals; on the

other hand, all sorts of eruptions are caused by the scratching with the fingers nails."

The localization of the disease is found on the dorsal surfaces of the hands and feet, on the lateral surfaces of the fingers and toes, on the anterior axillary folds, etc. A favorite site is on the flexor side of the wrist joints, and where the skin is exposed to continual pressure by close fitting articles of dress. In aggravated cases, I have seen the eruption spread over the entire trunk and extremities.

The diagnosis offers no special difficulties if we bear in mind all the symptoms enumerated. A careful inspection of the field will usually result in discovering the burrows of the mite in undulating, punctated lines which Hebra informs us become markedly distinct by painting with ink followed by drying. If these lines or burrows, are found sufficiently developed on the fingers, interdigital folds, or elsewhere, the diagnosis is determined *ipso facto*. In all doubtful cases it is best to remove the borrow with the lancet, and then to examine it under the microscope, properly flattened between two slides, to determine the presence or absence of the mite. Once domiciled in a burrow, the female begins to deposit eggs, followed by an increased number of mites. According to an approximate calculation, this increase is so rapid that, during an average length of life of three and a half months, the female *acarus* can point to a posterity of one-third of a million individuals. While the new generation of *acari* are striving to fulfil their destiny they will produce the same conditions of the skin as their ancestors: itching, burning, nodules, vesicles, pustules, burrows, etc.—conditions not found to exist in any other cutaneous disease.

The indications to be met in the treatment of scabies are too well known to enumerate. Where properly applied, sulphur is a specific, and is best used in the form of an ointment: ℞.—Sulph. puriss., 2; Potass. subcarb., 1; Adipis, 8 parts. *Misce.* This simple combination will penetrate into the hiding places of the mites, destroy them, and at the same time effect the cure of the artefacts, artificial eczema, etc. It should, however, be steadily borne in mind that a recrudescence of the disease may be expected after the lapse of five or six days, caused by the hatching of eggs stored in the burrows, under crusts, etc., when a repetition of the treatment completes the cure.

But the object had in view in preparing this brief paper was not so much to describe the underlying pathology of the disease, its treatment, etc., as it was to invite your attention to the importance of stamping it out by well directed meas ures under the auspices of this association.

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*OBSTETRICS.

B. L. CULLEY M. D.,

JACKSON.

The obstetric art is to-day recognized as one of the most important branches of medicine, and in consequence of the far reaching results that follow the kind of assistance given the woman in labor it behooves us to give careful and thoughtful consideration, more than in the past, to this subject and to do all we can to give it the prominence it deserves as a science requiring the most skillful management known to therapeutics and surgery.

Upon the proper conduct of a case of labor often hangs the life of a mother and child. Too often does the general practitioner regard the subject as beneath his careful consideration and consider himself as only responsible for the delivery of the woman. Not having informed himself of her condition previous to confinement, he is equally as careless of the pathological and traumatic conditions, avoidable and unavoidable, so often due to this so-called natural process.

In consequence of the refinements of modern life, and the sanitary conditions that result from increased density of population, the normal labor case is subject to a greater liability of traumatism and infection than in former ages when man was more isolated and living in a less artificial sphere.

The influences of the higher social life tend to develop a more sensitive organism and hence one less resistant to any diseased process. I believe it be a fact to-day that fewer cases of labor can be called normal because of the neglect of the development of our women physically. We have to a large extent lost our physical tone. I would not be understood to say that this physical degeneration is due only to

*Read before the Mississippi State Medical Association.

the cultivation and development of our finer esthetic natures. Many of the difficulties met with to-day in obstetric practice no doubt are due to the intermarriage of different nationalities and races of people, which causes a disproportion in the diameters of the passage and passengers, together with other constitutional defects, and it seems to be a fact that there are a larger number to-day, than formerly, of pathological conditions to interfere and make childbearing more hazardous than in the past, and hence requiring a better knowledge and greater skill on the part of those who would render assistance to the woman in labor. It is the duty of every physician when engaged to attend a woman in confinement, to acquaint himself of her condition previous to that event. He should get her family history, especially on her mother's side regarding the character and results of her labors. He should inform himself as far as possible of the condition of the organs concerned in the processes of gestation and labor and endeavor to remove any pathological condition existing that would interfere with the safe delivery of mother and child. When called to a case of labor he should decide whether or not the diameters of the passage and passenger are properly proportioned and at the same time note the position and presentation, and in these examinations he should use all precautions against infecting the woman. Given a normal case there will be nothing much to do but give a little "tincture of time" and all will be well. But with a case with any of the various pathological conditions so often interfering with the normal process it will require the greatest care and skill in its management, putting the practitioner to the severest test. I do not believe there is any condition in medicine that requires more deliberate judgment, presence of mind and skilful management than that of a woman in labor with some pathological condition interfering with the normal process, whether these conditions be physiological, as of heart, lungs, kidneys, etc., or anatomical. When we consider the far-reaching effects, often the result of labor, upon mother and child, and sometimes even death of one or both, with the harvest of ills in which the modern gynecologist is reaping much gain for his skill in undoing many of the conditions that result from want of proper care on the part of many practitioners, we are forced to the conclusion that our

carelessness is not far short of criminal. Now if these are facts of this day and age, the question arises: "What is our duty to ourselves and the public in this respect?" I would first suggest that we, the guardians of the public health, should give more careful attention to this part of our professional duties and study closely every individual case placed in our care. Our state board of examiners should see to it that all applicants for licence to practice medicine be well grounded in the principles of the obstetric art. Next I would suggest that we should have some legislation requiring a greater degree of proficiency, acquired by instruction and practical experience, on the part of the midwives who infest and are infecting every community of our state. Let us ask why is the midwife allowed freedom in this respect, with the least knowledge, while an applicant for the practice of medicine is not licensed if he fails to stand a creditable examination? It can not be due to the lack of the importance of the subject. We should endeavor to disabuse the minds of the laity of the idea that anybody, however ignorant, is competent to manage a case of labor.

The public to a considerable extent has not yet gotten beyond the notion that any old woman who claims to be a nurse is sufficient for the occasion. Let us raise the standard of competence and character of assistance required by the one who is to be a mother, and we will thereby lessen many of the ills she is heir to. May we all in the future do our duty, as obstetricians, to preserve the health and lives of those mothers in whose hands largely rests the destiny of nations. Strong should be the arm that is to rock the cradle of future generations.

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*AN OPEN LETTER TO H. S. GULLEY M.D.

B. F. DUKE M.D.,
PASCAGOULA.

In your letter requesting that I lend you a hand in the way of a contribution to your section, it was stated that this branch of our work had been neglected.

It was a matter to which I had given but little attention, and after having consented to do the best I could for you, I

*Read before the Mississippi State Medical Association.

began to look about me for some data upon which to rest whatever contribution I might undertake to render in compliance with my promise.

First of all, I consulted the transactions of the Mississippi State Medical Association in order to ascertain what had been done by that august body since the date of my initiation at its annual meeting in your city (Meridian) in 1883.

This beginning of "judgment at Jerusalem" did not prove altogether flattering to her pretentious history; for to my astonishment I found an entire blank until 1894, when a paper on the location of acne as an indication to treatment was read by Isadore Dyer M.D. of New Orleans, La.

In 1895 came a paper by J. H. Blanks Jr. M.D. of Meridian, entitled "A Plea For More Thorough Investigation Of Dermatology," and another paper on dermatology by Dr. Dyer. The next showing was an interesting little paper by H. N. Street M.D. of Gloster, Miss., In 1898, detailing an aggravated case of Dermatitis Herpetiformis. This constitutes about all that has been done by the association during the last two decades. These statements, however, may not be strictly correct, as the transactions for three or four of these years are not now at my command, but enough is seen from this resume to demonstrate the truth of the statement referred to in your letter.

I have examined several hundred medical journals, embracing fifteen or twenty different publications, and find about the same ratio there.

The Journal of the American Medical Association for 1903 contains approximately forty-one hundred and fourteen articles, papers and abstracts. Two hundred and eighty-three of these refer in some manner to tuberculosis, one hundred and fifty-six to cancer, one hundred and thirty-five to typhoid fever, sixty to pneumonia, fifty-eight to rheumatism, and thirty-two to skin diseases, exclusive of the exanthemata and cancer, and inclusive of lupus and epithelioma—a little less than one per cent. being devoted to the legion of cutaneous affections.

When I arrived at this point in my researches I felt a special curiosity to know what were the contents of Dr. Blanks "Plea," as I had read only the title. Accordingly I

returned to the meeting of 1895, and after having given the paper a careful reading I am prepared to endorse every word of it.

This paper is worthy the widest possible reading, both for the simple truth of the exhortation and for the patriotic and unselfish spirit of the entire argument. Certainly there should be a waking up on this line, and I appreciate the effort you are making to bring your section to the standing which its importance demands. Dr. Blanks says dermatology is often referred to as a dry subject. He might have retorted "So is anything else of which we are ignorant," especially that which presents so much of complication and difficulty of study as do the multifarious diseases of the human integument, whether organic or symptomatic. It would mean imperishable fame and a gold mine thrown in, to be able at all times to discriminate between these two forms or manifestations of skin pathology, as it would insure intelligent and successful treatment instead of guess-work and quackery and failure as suggested by Dr. Blanks.

Of course, it is not expected that every physician shall be an expert in dermatology, as that would involve more time and means than the average practitioner could spare from his general business; yet surely it is not too much to expect that at least one or two well-studied volumes on this subject should be in every doctor's library. It is safe to say that this alone would increase the present intelligence of the profession a hundred per cent. Many might go even much farther. Why can not some of our ambitious young Mississippians boldly enter the broad unexplored territory of dermatology, and with the armament of chemistry, the microscope and the spade go down like Dr. Stiles, the hookworm hero, after germs and immortality.

I notice you have me on the program for the "Report of a Case". Unfortunately (or rather fortunately) I have no case worthy a place in our literature, and not being willing to disappoint you entirely, besides having a keen personal interest in the subject, I have chosen rather to address you this short open letter with the hope that no harm will grow out of its simple reading before the association.

I should have been glad to do better for you, your section and the association, but in the absence of any practical

or scientific information which would be of value, I have taken this course as the only one open to me at this time. You will understand that this is not in the nature of a complaint, nor is it intended as an arraignment of the medical profession, but a fraternal reminder of what appears to be a serious neglect of a most important branch of our sacred calling. I have greatly desired to attend this meeting, but situated as I am it may be impracticable for me to do so. With greetings and good will to all, and best wishes for yourself, I remain, truly your friend.

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*ENTEROCOLITIS.

R. R. WYATT M.D.,
MACON.

It is with some trepidation that I approach this subject, one that has given us all so much trouble and anxiety, and I cannot hope to teach the members of this body anything unless perhaps I may be able to suggest something obtained by experience in the way ot treatment. I have searched faithfully through my small library, and through the courtesy of Dr. Scales I have had excess to some of the best authors, including Osler and others, but I do not find enterocolitis described in any volume as I have found it in my practice in the country and this leads me to remark that diseases differ in severity in different localities. To illustrate, I find pneumonia more deadly in Macon than in the country where I used to practice, and doubtless these authors whose practice is confined to crowded cities have found a different type of enterocolitis from that with which we have to deal here.

The disease is insidious in its attack and the second year of childhood is the most usual period for anything like a genuine enterocolitis. It occurs most frequently during the heated season. The fermentation of food in the child's stomach, superinduced by bad feeding, and want of proper hygenic surroundings are the usual causes of this trouble, although it is not infrequently met with in children who have nursed at the mother's breast, that fount from which all blessings flow to childhood, but is rare in these latter cir-

*Read before the Noxubee County Medical Society.

cumstances compared to those cases in which children are fed upon cow's milk and artificial food. The early condition is about as follows: the child becomes peevish, the bowels act too frequently for a few days and then streaks of blood and mucus appear in the small quantity of fecal matter.

As a rule the mother supposes it to be teething until the continuation of the trouble and the exaggeration of the symptoms prompt the call of a physician. The child will hold its flesh very well for from ten days to two weeks, when it rapidly emaciates and very soon becomes a skeleton.

The ilium and colon are the parts affected and later become ulcerated, and the child passes threadlike strippings, evidently parts of the mucus membrane of the parts affected. The actions at this stage smell like a corpse. Unless properly treated the child lingers for perhaps six weeks and dies. It is a regrettable fact that this disease is so often called cholera-infantum. There is no comparison in the two diseases; cholera-infantum, as the name indicates, comes on with vomiting and purging and is so rapid in its action that the infant dies or is better within three to five days. I have never seen but one case of true cholera-infantum, and the child died in five days from the beginning of the attack. Osler says that of all the bowel troubles of infancy only one and one-half or two per cent. are attributable to cholera-infantum.

Prophylaxis. I fear that physicians are too ready to accept flimsy excuses set forth by mothers in order to avoid nursing their own offspring. There can be no question but that the mother's breast is the factory par-excellence for the manufacture of food for her young for, say what we may, science has never reached that knowledge in infant-food making comparable with the knowledge of an allwise God. There are exceptional cases, but they are the exceptions and not the rule. Therefore as honorable physicians we should always insist on mothers nursing their young; insisting always on the dangers of artificial food. Babies should be kept clean, often bathed, cleanly clothed, etc., and all decent people do this, but I think I have seen some of the healthiest babies I ever knew who were rarely bathed and were reared in squalor; yet being permitted to nurse the mother, they waxed fat and grew strong and will doubtless live to a green

old age, with especial emphasis on the word "green," so that it would appear to be and undoubtedly is true that the mother's business is to nurse her infant.

Primarily it is a woman's office, the object for which she was primarily created, to bring forth children and to nurse them, following the edicts sent forth when the ark grounded on Mount Ararat: "Multiply and replenish the earth", and *it is our duty* to refuse to cater to the whims and caprices of fashionable society and sanction the slaughter of these innocents.

Now as to treatment: mercury in minute doses, coupled with chalk, is the first thing to be given. After this give as a palliative, say for a child two years old, as follows: Deodorized Tincture of Opium, 1½ drachms; Turpentine, ½ drachm; Castor Oil, 4 drachms; Mucilage *q. s. ad* 3 ounces. Mix. Shake. Teaspoonful every four hours.

The child will be exceedingly thirsty and should be given water *ad libitum*, but always using lime water in each draught. Lime water should not be used until the calomel has been cleaned from the stomach.

Now, gentlemen, I announce the curative par-excellence, a specific if there is one: 12 grains of copperas in 3 ounces of peppermint water, in teaspoonful doses three times daily. This is all. As to diet, I will not discuss that as you are all up on that point, except to say that it should be of a bland character, with one of the very best diets as an exception and that is well stewed sweet potatoes without sugar. Perhaps I should give my reason for the use of this homely remedy. In the first place the pathological condition would seem to indicate a remedy of this kind. We have no better germicide than sulphate of iron. The patient is always anemic and there is no preparation of iron so readily absorbed into the blood. Given in large doses, much of it is absorbed, giving tone to the blood and correcting the anemia, then the residuum passes over the mucus membrane destroying the germs and restoring the bowel which is flaccid and dilated to normal size, and if given continuously and freely it will not fail. I should add that a new preparation should be made every six days, for in some way it loses its virtue after that period. I should also state that pure water is altogether as good as peppermint water and I prefer it.

My only reason for using peppermint water is to disguise the medicine, and so common a remedy, if known, would seem to be ridiculous, and we all know the importance of the impressions made upon the minds of families with which we come in contact. I could relate many cases of cures where children have been treated this way, but this medley of a paper is already too long and if it only serves to provoke discussion by the learned men present I shall feel amply repaid.

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*DOCTORS' NERVES AND SOME OTHERS.

W. D. HUBBARD M.D.,
WEST POINT.

There is no branch of medicine in which the hands of the physician are more effectually tied than in diseases of the brain and nervous system; and from the success I have had in obtaining papers for this section I judge that a large majority of the members of the Mississippi State Medical Association are also tongue-tied on this subject. From more than twenty-five requests for papers, I received three replies. The first was plain and right to the point, "I don't know a —— thing about nervous diseases and don't want to." The second was a little indefinite as to its meaning; it read as follows: "I am wrestling with the subject of gonorrhoea and will not be able to help you." The third was evidently suffering from a hallucination as the following extract from his letter will attest: "My Dear Doctor: I can not tell you how much I appreciate the honor you confer on me by asking me to contribute to the grand work the Mississippi State Medical Association is doing. Were it possible for me to attend the meeting, I assure you it would give me the greatest pleasure in the world to contribute something, tho' only a little, to so great a work. I must tell you that I am to be married to the sweetest, loveliest, lovingest and most lovable little creature that the light of heaven ever shone upon, just before the time set for the meeting. You know how it is, I don't feel that I could do the subject justice, etc., etc." I assured this brother that his excuse was valid and that I would re-

*Chairman's address, prepared for the Mississippi State Medical Association.

commend him to the chairman on Diseases of the Brain and Nervous System for next year.

During my school days it was my privilege to listen to a celebrated specialist on diseases of the brain and nervous System, Dr. Oscar A. King of Chicago. After going carefully over the subject from ankle clonus to cerebro-spinal meningitis, he gave a very brief resume of the years work as follows: "When your patient is excited, give bromide; when depressed, give strychnia. When your patience is exhausted send him to Dr. King's Lake Geneva Sanitarium." My experience with nervous cases has convinced me of the applicability of this advice, especially the getting them off my hands as soon as possible.

It has been my privilege to present to this Association a few papers on various topics within the last several years. In the preparation of these, there has always been an effort to systematize the subject and to follow at least within the light of those who had gone before. In the present instance, however, there have been no efforts to systematize and no authorities consulted. Therefore if the following observations are rather erratic and unorthodox, their brevity will be your remuneration for your indulgence.

There is a nervous state which, if catalogued, would come under the head of fatigue neuroses, co-related to writer's cramp, telegrapher's cramp, etc., but differing from them in that it is a mental instead of a muscular phenomenon. For want of a better definition it will be considered as "that state superinduced by the long continuation or frequent recurrence of the same scene, sound or act". and, for want of a better name, called "Nerves", sometimes "Brain Fag."

The causes are many and the manifestations are infinite. The condition is seen most frequently in nervous women, but is not confined to any age, sex, occupation, race, color or previous condition of servitude. One of the most common forms is rail-road nerves. The rumble of the wheels and swaying of the coach "get on their nerves" and they continue to ride for hours, sometimes days, afterwards. This is the acute type. A chronic variety is seen in train men, especially engineers. In an instance coming under the author's observation, the patient was apparently well in every

way except that when he would start his engine there would be a feeling come over him that he could not stop it. This would grow on him 'til it became unbearable and if there was no occasion for stopping he would be obliged to reverse his engine to satisfy himself that he could stop it. The long continued service had "got on his nerves." A month's rest gave complete relief.

Then there is a house-nerve, a condition seen in ladies whose duties confine them closely at home. The incessant round of sweeping, dusting, sewing and mending finally "gets on their nerves" and they will tell you that they feel that if they can not get away from it all, they will fly all to pieces. And the thing they dread most is getting away. Incidentally they excuse themselves for not "flying to pieces" and not geting away by the fact that they "have nothing to wear."

A systematic getting out, if only for a few hours two or three times a week, will effect a cure. Mothers of large families are especially prone to this complaint in a chronic form. It makes the hair thin and frouzy, the neck long and stringy, the nose sharp and the voice rasping. The breasts atrophy, the shoulders stoop. The ears draw up and backward, the forehead wrinkles between the eyebrows, the teeth decay and the chin projects. She complains of the weather, quarrels with her neighbors and scolds her children. She is continually telling them what she will do to them, but seldom inflicts corporal punishment. It's "got on her nerves," she is a scold that even the ducking stool of our fore-fathers failed to cure. Rest she can't take while her children are small, and when they are grown up and gone she either makes life miserable for her sons-in-law or lies down and dies for want of an object to abuse.

One of the most aggravating forms and most obstinate to relieve is "school nerves" seen in children, especially boys, from twelve to fifteen years of age. The condition is manifested by a loss of interest in studies and an apparent inability to grasp and retain the texts. Frequently there is a positive abhorrence to going to school and a marked disposition to play hookey. The boy has heard reading, writing, arithmatic and geography until they have "got on his nerves." He is regarded by his teachers as bad, indolent and

"no account." In his thirst for change he feeds his mind on the loco of Jesse James' adventures and Nick Carter's experiences. The causes of this condition are various. Too early matriculation in school is a frequent cause. The average child would know more at the age of sixteen if not allowed to enter school 'til seven or eight years of age. Heredity has marked influence on this condition, also post nasal adenoids. Faulty training or "spoiling" is a condition that predisposes to school nerves. The treatment should be removed. If there is visual defect, it should be corrected. A change of teachers or school, a visit to distant relatives is beneficial, but the treatment that will reach the most cases most effectually is suggestion, either with or without hypnosis, supplemented by corporal punishment in allopathic doses without hypnosis.

There is a mild chronic grade of nerves seen in nearly all public servants after the first or second year of service. Thus we find it impossible to get a civil answer from railroad clerks regarding the arrival and departure of trains. The same is more or less true of Post Office clerks. Just how much of incivility is due to "nerves" and how much to the unevoluted and unrefined mental development is a delicate question. It is charitable, however, to allow that the constant replying to the same old question has "got on their nerves". The treatment of these cases seems well nigh hopeless.

Nerves are not confined to delicate women and mental workers, but is seen in all the walks of life; rich man, poor man, beggar man, chief, doctor, merchant, lawyer, thief, are all subject to attacks of nerves. In the humbler walks of life the attacks are usually acute. Preceded by a prodromal stage of melancholy, it is followed by an excited stage, a plain drunk, a wife-beating and a recovery. It is a peculiar coincidence that as wife-beating has become unpopular, strikes have increased in frequency.

The merchant and the mechanic are the subjects of shop nerves. As he locks his door for the night, the attack begins. He dreads the thought of having to come back in the morning. He dreads it when he goes to bed and wakes dreading it. He goes down town dreading to come in sight of the place. As he puts the key in the door, he would give a fifty dollar note not to have to open it. But he goes in, meets the first customer with a smile, and the attack is off.

Of the professional men, the physician is probably the most subject to nerves. It is not an infectious disease but, like yawning, is more or less contagious. One of the first "nerve" producers which the young physician encounters, is the "wise old lady," perhaps better designated the "Presumptuous Elderly Female." This individual is always lean and angular, and most of her angles are obtuse. In fact her mind is as frequently as obtuse as her body. She is the direct descendant of Mrs. Gamp of Dickens' day. She regards all young physicians as her especial prey and is not long in airing her superior knowledge. Should the doctor suggest salts for a lying in woman, she will patronizingly ask if he don't think oil would be better as it makes the milk come easier. Then listen for the next question, for it is coming certain as death. You will get it by the bed side, you will get it in the hall, you will get it on the steps, you will get it in your buggy, you will get it by letter and over the telephone. After awhile you will get it on your nerves, *that's turpentine.* Suggest a dose of oil in the presence of a woman over forty and before you can catch your breath she will add: "And a little turpentine." Suggest it to your young mother for a sick baby and she will look up to you with that sweetly knowing ignorance and add: "And a drop or two of turpentine, Doctor?" Suggest it to a man and you will see an expression come over his face as though he were trying to recall a passage of Scripture. Directly the clouds of forgetfulness roll back. All the old couplets are coming back to him like the names of dead sweethearts. "The pies that Mother made," "The hat that Father wore," Damon & Pythias," "Ananias and Sapphira," "Isis and Osiris," "Oil and Turpentine," and it's got on your nerves.

Another instance we frequently see is in making calls. When a doctor is busy he is not subject to this form, but along in the summer when there is not much sickness and he has perhaps only a case of fever, a varicose ulcer and an old lady with a misery in her side to attend, it "gets on his nerves." In the morning he puts the calls off 'til after dinner, then 'til he starts home, then he leaves the two least necessary 'til morning, and excuses himself to the patient that he was unable to come, which of course was true. Not

that he was too busy, or physically unable, but it had "got on his nerves," which was worse.

As in other instances a day's outing effects a cure or, as a prophylactic, a trip to the Mississippi Medical Association in the spring is better. In every town where there are a number of doctors, there is always a leading physician, also several others who think they are. Sometimes this leading physician rises to first place rapidly from some striking success, but more frequently by thorough preparation, painstaking care and attention to duty. This constant attention to duty finally "gets on his nerves." He forgets that there are others besides himself. He answers calls indiscriminately. His patients make him believe, and come to think themselves, that there is no other doctor on earth. He goes night and day taking little time to sleep, less to eat, and none to collect bills. Some pay him what they think they owe him, others ask for his account and not getting it, are satisfied to let it go that way if he is. Others take advantage of him, knowing he will come and never ask for pay, and even advise their friends to do likewise. Should some other physician be called in on emergency and ask for pay, this latter class will indignantly tell him that Dr. So-And-So who is the leading physician never sent them a bill. After a longer or shorter time the leading physician's creditors, who think more of their dollars than their doctor, begin to press their claims. These sordid material matters of money give the leading physician an attack of a different variety of nerves. He looks about him for his friends and patrons and sees them as from the rear seat of an opera house, and when he looks beyond them he sees that a new god has arisen and he is left with his accounts, his debts and his experience of having been the leading physician.

As his practice drifts away he will have time to reflect and various time worn saws will rasp his nerves about "The dog that had his day," "Hay making while the sun shines," etc. This is probably the hardest of all cases of doctors' nerves to reach. The patient is suspicious. He feels that to let go means to lose. He may be able to see the final outcome and threaten reform, but until he breaks away entirely there is no reform.

The organization of local societies offers greater hope

for reform than any present means. Should your local profession be affected with a "leading physician" with nerves, get him into your county society, make him a delegate if possible, if not, then president. A reform once established will work out its own salvation.

SOME NEUROSES RESULTING FROM FOREIGN BODIES IN THE STOMACH.

P. R. BROWN M.D.,
WEST POINT.

Of the two cases which I have the pleasure of reporting to you, I have classified the former with the visceral neuroses and the latter with the general neuroses, according to the organs or functions involved.

It is not my purpose to offer or bore you with a long-winded paper culled from the different authors, but instead to give you a brief clinical report of these cases just as I saw them, and in doing so hope to illustrate the fact that we often after making a correct diagnosis fail to arrive at the etiology and thereby are unable to differentiate functional from organic disease.

Mrs. N., aged 38, called me at 7:30 A. M., August 30th. 1901, and was found suffering with very great dyspnoea. Examination showed pulse 120, temperature 101½° F., complaining of pain over region of kidneys and also some nausea. Tongue coated with a dirty looking fur. Complaining of severe headache with some ocular trouble.

I gave the remedies usually indicated to relieve the symptoms present, contenting myself with waiting until next day. On my next visit, patient's condition was very little changed. Pain in region of kidneys more pronounced, urine very scant. A sample was obtained and on examination I found a trace of albumin. Some dyspnoea still present, also nausea, tongue showed very little tendency to clean.

I repeated hepatic stimulants followed by hydragogue cathartics.

On my next visit patient showed some signs of improvement, albumen still present however. My next prescription was along the usual lines in such cases. Free diaphoresis

was encouraged, dietetics brought in for their full part, which was attended with some good effect. Nausea and vomiting came to be of the salient symptoms to which I had to direct special treatment: mustard paste over the stomach together with crushed ice by the mouth, also morphia and atropia given hypodermically, relieved the symptoms temporarily. Resorted to aromatic spirits of ammonia from time to time for the sinking spells with which patient suffered more or less every day.

Things ran along for two or three weeks, without any appreciable change except emaciation which became more pronounced, at the expiration of which time I advised consultation to which the husband readily assented.

My friend Dr. B. F. Ward of Winona was called, and after making a very careful examination agreed with me in my diagnosis of acute interstitial nephritis, prognosis grave, and suggested we try Vosburg Spring Water in large quantities, which was carried out for several weeks with some apparent temporary improvement. A week or two afterwards I wrote Dr. Ward, stating that in my opinion our patient had cancer of the stomach as well as organic kidney disease, to which he replied that either route lead to the cemetery, which fact I fully realized. In the meantime I determined to be sure of my diagnosis of malignant disease of the stomach, just as I had by repeated examination of the urine, together with almost all of the other leading symptoms, diagnosed acute interstitial nephritis. So I washed out her stomach an hour before giving her one of the usual test meals. Boas' test breakfast was given, with which most of you are familiar (the name at least). The meal consisted of oatmeal soup, prepared by adding a tablespoonful of oatmeal to one quart of water and boiling it down to one pint. I withdrew the contents of the stomach and found free hydrochloric acid. This procedure seemed to give some relief so I decided to repeat it next day before giving nourishment, and making a careful examination of the contents washed out found a mass of thread of all sizes and colors. From this time on patient began to improve steadily; albumen disappeared from the urine within two weeks and all the the other symptoms gave way one after another. Stomach washing was kept up every morning for two weeks with the

above results; a vast quantity of these foreign bodies (hair and thread) almost enough to have made with the former a lady's braid and with the latter a yard or more of lace.

She regained her former health and to-day she is stouter and weighs more than for twenty years.

Was not this functional albuminuria the direct result of the neurotic condition excited into action by the foreign body in the stomach? I will state in conclusion that this lady was not of a neurotic diathesis and had up to a year previous conducted a dress making department in her husband's store, the work of which she often looked after and assisted in doing, but she had not engaged in any needle work for eighteen months previous to this attack.

I am aware of the fact that convulsions sometimes occur among young children, especially those of a neurotic habit, by the ingestion of foreign bodies into the stomach; the convulsions however usually occur soon afterwards, but in this case it seemed to require a year or more for the operation of the irritant through the peripheral nerves of the stomach to establish the neuroses which led up to, or established, this functional albuminuria. Such a neurosis may be succeeded by the development of organic lesions.

The second case was that of a young girl, age about fourteen, to whom I was called hurriedly November 12th. 1902. I found her suffering with what her mother said was her first attack (tisic). My first thought was that she was suffering with so called cardiac asthma. Family history negative, mother neurasthenic. I gave her 1-20 grain apomorphia hypodermically, the effect of which was very prompt. As usual, vomiting occurred in a few minutes, followed by some relief, after which I gave morphia and atropia hypodermically and in thirty minutes breathing was quiet and easy and she went into a restful sleep. I left her six or eight grains of calomel and soda with instructions to give it every two or three hours until some effect was produced and in the meantime prepared for her ammonium valerianate together with fluid extract grindelia, teaspoonful of former and fifteen drops of latter, to begin with as soon as she aroused and to be repeated every three hours.

Next day I was sent for to return at once as the girl had had a recurrent attack, and as the mother thought vomiting

had relieved her daughter in the previous attack she gave her a draught of warm water and table salt with the desired effect and with it came the outer portion, or hull, of a plum which she said she ate in July of the same year, about four months previous. This wonderful specimen was carefully put aside for my inspection and as soon as I reached the patient's room it was presented to me before I had time to examine her, with the request that I see if I could tell what it was and solve the mystery of why it remained in the stomach so long.

I suggested to the girl and her mother that perhaps there might be more of the same substance in the stomach and that if she would submit to the use of a stomach tube I would wash out the stomach and if any more was found I would have a better idea of what it was, to which they agreed. As soon as my stomach tube could be procured I proceeded to wash out the stomach and fully as much more of the plum peel as she had vomited was withdrawn since which time she has never had another attack of asthma.

I will state that I do not believe that these conditions would obtain unless there existed some abnormality in the shape or position of the stomach or its mucous surface; gastroptosis or gastrectasia in all probability exists in many instances.

Negro Census Statistics.

The Census Bureau has issued the final bulletin on the negro population of the United States. The number of negroes in the entire area covered by the Twelfth Census (continental United States, Alaska and Hawaii and Porto Rico), is 9,204,531, perhaps a larger number than is found in any other country outside of Africa. Over 77 per cent. of the negroes live in the country, against over 57 per cent. of the whites. Almost 90 per cent. of the negroes in continental United States are in the Southern States, and three-tenths of them are in Georgia, Mississippi and Alabama. There was an increase among the negroes of 1,345,318, or 18 per cent., in continental United States, but the rate of increase declined steadily through the nineteenth century. Illiteracy among them is about seven times greater than among the whites. Their death rate approximates 30 per cent., while that of whites under the same calculation is 17 per cent.—*Medical Review of Reviews.*

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

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The question of the ownership of papers read at the meetings of Medical Societies is one that requires an official decision. Like the much debated one of the ownership of the prescription it continually bobs up, but seldom has it come to our notice in so great quantity as of late—concerning the papers read at the last meeting of our State Association.

The first point that struck us as rather irregular at that meeting was that several papers by visitors were given preference to those by members—to be more explicit, several visitors read papers and some seven or eight members, who were present with their papers, were crowded out. We admit freely that these visitors were men of ability, and probably of some local distinction, but we submit that with the exception of Dr. Stiles' masterly address, which was of deep interest and importance to every physician in the south, the papers by our own men who were crowded out compare not unfavorably with those by which they were superseded and that, other things being equal, our home men are the ones to whom we should give the preference. But this is not all. We are informed that the customary rule, that papers read before the Association are the property of the Association, holds good with us—that such a law has been enacted. If this is the case, how does it happen that of the five papers read at the meeting by visitors—not counting Dr. Stiles—only one came first-hand to the Secretary? Of the other four, three have never been received and the fourth has already appeared piecemeal in the medical journals of another state, a copy being sent to Mississippi as a "sop to Cerberus." Of the first three, one was by a gentleman who is a chronic sinner in this respect, witness the "Transactions" of two years ago. And finally we

notice in the September issue of still another journal two papers "Read before the Mississippi State Medical Association, one of which appears in this issue and the other is slated for our November number. These papers are by *bona fide* members of the Association, one a man high in the ranks of the profession and noted for his medical ability and ethical bearing and the other who, while not so widely known, must, from the excellence of the paper in question, be a man of considerable ability. The *Journal* is being run strictly as an association publication. If there is a failure anywhere in this respect, we beg that our attention be called to it in order that it may be remedied. And as such, we beg to suggest to the members of the Association that under the rule above cited these papers belong to it and cannot properly appear in any other publication, except the "Transactions." As an independent journal, poorly supported, hard up for papers, the "*Mississippi Medical Record*" refused to publish several excellent papers for exactly these reasons, one in particular from a gentlemen of the highest attainments, whose writings are eagerly sought and widely read, who out of pure friendship for the editor sent in a paper that had only appeared in the proceedings of a local society as published in its official organ and nowhere as an original article. Either our declining this paper was a deed of heroism unparalleled in the history of medical journalism or, in the light of these later developments, we were unnecessarily Quixotic. But we believe that the majority think as we do in this matter and that most of those who err do so because they have never given the matter any consideration. To these we suggest that the furnishing of Association literature to other journals than that of the Association is about on a par with the action of the United States government in permitting the sale of rifles and ammunition to the Indians before sending out troops to suppress their rioting.

After the above was in type we secured the official dicta on the subject. In the By-Laws of the Association appear the following:

Chapter II, Section 5.—"All papers read before the Society shall be its property. Each paper shall be deposited with the Secretary when read."

Chapter VIII, Section 4.—"The Committee on publication * * * shall have referred to it all reports on scientific subjects, and all scientific papers and discussions heard before the Association. * * * All papers read before the Association shall be its property."

These seem to cover the subject pretty fully and we respectfully invite the members of the association to give them due consideration.

We commend to the attention of our readers, and particularly to the members of the Committee on Public Policy and Legislation, a paper by Dr. Wm. Krauss in the September issue of the *Memphis Medical Monthly*. This is not the time for any movement looking towards legislation, but all times are suitable for the consideration of such movements. With us it is less a case of inadequate laws as that we are cursed with Supreme Court judges who have no knowledge of the English language—or who allow their personal prejudice to dictate their official decisions. And as the taller the head the more difficult it is to reach, we should begin our work well in advance and lay our lines carefully, in order that when the time comes we may be prepared to root out the evil. There is not the slightest doubt but that our Association can dictate the laws and their administration, in so far as they bear on medical matters, if its members will work hard enough and work all together.

Dr. H. M. Folkes announces that the new Biloxi Sanatorium will open about November 1st. On the site of the buildings that were burned a few months ago he has erected a handsome structure that will be completely and fully equipped for the handling of both medical and surgical patients. To his former conveniences he has added a complete system of baths, and his patients will now be able to indulge in salt-water plunges regardless of the season of the year. A roof garden and salarium afford ample space for exercise and sunshine in the coldest weather besides offering a magnificent view of the Gulf.

OBITUARY.

WHEREAS on the 12th. of August 1904 the Great Judge saw fit to call before Him our brother, Dr. B. D. Watkins, late Vice President of our association, and it is proper that we give expression to the feeling evoked by his untimely removal from the field of usefulness, therefore be it resolved by the Medical Association of Adams County, that in the death of Dr. B. D. Watkins, the profession has lost one of its honored members, who by his high character, strict integrity and clear intelligence, won for himself the admiration of his fellows and associates and added dignity to the profession which claimed him as a member.

This community, and in a broader sense the State, realizes and deplores the loss of one who in all his acts, public, private and professional, showed his full appreciation of the privileges and duties of citizenship and lived up to the high ideals which he had set for his guide.

We miss his cheery presence and words of kindly greeting, we mourn him as a friend and brother taken from our midst, and with reverent sorrow we lay upon his grave this tribute of respect and esteem.

Resolved, that we extend to his bereaved widow and the members of his family our warm and earnest sympathy, the sympathy that springs from communion in sorrow of those who knew and loved him who has gone before.

Resolved further, that a copy of these resolutions be by the Secretary transmitted to the widow of our deceased brother and that the Secretary of this association be requested to report his death to the State and National Associations.

C. T. CHAMBERLAIN }
R. D. SESSIONS } Committee.

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ORIGINAL CONTRIBUTIONS.

THE GYNECOLOGICAL ASPECT OF CERVICAL AND PERINEAL LACERATIONS.

J. W. BARKSDALE M.D.,
VAIDEN.

It is not the purpose of this paper to enter extensively into the many pathological conditions occasioned by lacerations of cervix and perineum, nor to present any original views or ideas on the subject, but simply to give to the members of this Association a resume of the operative procedures to which these conditions are amenable. In view of their great frequency and the disastrous consequences which are likely to obtain if allowed to go untreated, it is hoped that the lack of originality will be condoned. If it is brought home to any present who have been in the habit of neglecting these cases that it is within the scope of any of them to give them proper attention and care, then no further apology is necessary. The preparation of the patient and the aseptic and antiseptic precautions that should be observed are doubtless familiar to all, and will be dispensed with in this paper.

A lacerated cervix is one of the commonest obstetrical injuries, and is the result of dilatation, which may be either too rapid, irregular or wholly ineffectual. The tear may be unilateral, though usually found to exist on both sides; rarely are they to be found on the anterior or posterior lips, and, when in this situation, they are most likely the result of surgical interference. It should be the routine practice of every obstetrician to examine for cervical injury as carefully as he does, or should, for perineal, for the old maxim holds good here, as elsewhere, that "A stitch in time saves nine." However, unless too extensive, these lacerations, as

a rule, if left to themselves, undergo primary union and rarely occasion much discomfort, and it is only their frequent association with malignant disease and the condition of subinvolution that should make us give them special attention. There are cases, though, that frequently come to us for relief, in which there is no fear or suspicion of malignancy, the laceration itself being the sole causative factor. The patient complains of a dragging sensation in the pelvis, suffers from an endometritis, with its attendant train of symptoms, and, as a rule, readily avails herself of the benefit that surgical measures alone will give. On examination there is found faulty union, or none at all, and the cervix presents an angry appearance, due to eversion of the mucous membrane and distension of its follicles, to which the terms "erosion" and "ulceration" are so often erroneously applied. If the lips of the uterus are seized in tenacula and drawn together, the real condition readily becomes apparent. These cases are rarely amenable to immediate operation, owing to congestion and rigidity of the cervix, but require several weeks of preparatory treatment. The depletion is best accomplished by the use of hot vaginal douches, twice a day, and scarifying the cervix with a knife-shaped tenaculum every four or five days, withdrawing from a half to one ounce of blood at each sitting, the distended follicles being opened at the first sitting. It is also advisable to use tampons of boroglyceride, or boroglyceride with ichthyol, during this period. At the expiration of from four to six weeks the cervix will generally be found soft and in good shape for the operation, which is as follows: an incision is made in the angles of the tear, which will ordinarily be found to be occupied by cicatricial tissue, and must be carried through into the healthy tissues, the parts being all the while subjected to constant irrigation. The area of denudation is then marked off parallel and a little external to the strip of mucous membrane in the center, which is to form the future cervical canal. This denudation should be carried well out on both lips, the object being to restore to the cervix its normal conical shape, and should remove every vestige of scar tissue, especial care being given to this in the angles of the wound. The lips are now approximated and sutures of silk-worm gut introduced, commencing well up in the angle of the wound; that is, en-

tered on the vaginal surface, high up, and brought out at a corresponding point on the undenuded mucous surface in the center, to be re-introduced at a relative point on the opposite lip, emerging from a point opposite its original introduction. This procedure is kept up, from above downward, until perfect apposition has been secured, when the sutures are tied or shotted, as preferred. It is best to complete the operation on one side before beginning on the other. If the margins of the wound do not accurately approximate, fine catgut may be used to secure this result. Hemorrhage is rarely troublesome and is usually thoroughly controlled by the sutures, which can be made to embrace any bleeding points. If the vaginal outlet has been operated at the same sitting, the sutures may remain in place from four to six weeks, otherwise they may be removed in from ten to fourteen days.

Lacerations of the recto-vaginal septum are embraced under two heads, complete and incomplete, the former extending from one or both sulci through the sphincter ani and up into the rectum for a variable distance, the incomplete involving the vagina and perineum for any distance down to but not including the sphincter. A slight tear, involving only the skin perineum, will nearly always heal if left to itself, requiring only strict cleanliness, but the more complicated forms should never be left to pursue this course. While occasionally the result of accident, these injuries are practically always seen in the parturient, and are due to a rigid and unyielding perineum coupled with a rapidly advancing head, or frequently to the use of forceps where sufficient time is not allowed for the dilitation. Care should always be taken to ascertain the exact extent of any laceration, for the worst part is often concealed entirely within the vagina in one or the other sulcus.

There are three periods for repairing these injuries; immediately after their reception, the intermediate stage and the secondary period. The immediate operation, which embraces the first twenty-four hours, is the preferable one, as it is more simple, and if performed as soon as the labor has terminated can ordinarily be successfully done without the use of an anesthetic of any sort as the parts are throughly benumbed from the pressure they have undergone. Under a good light, the vagina should be exposed with a speculum or

retractor and a gauze tampon introduced to prevent the flow of blood from obscuring the field of operation. If the rupture is incomplete, the sutures, which should be of silk-worm gut, at any rate for those on which there is the greatest tension, should be introduced at the angle of the tear in either sulcus, extending well into the tissues underneath and carried on down at intervals of about 1-5 inch until the skin surface is reached. If the vaginal tear is well attended to, the portion involving the skin surface is readily approximated by a few half deep sutures of silk or catgut with one of silkworm gut. If the laceration is complete, the suturing must be begun in the bowel, the material being catgut or silk. They are introduced on the mucous surface of the rectum, close to the margins of the tear at its upper angle, having previously deprived it of all ragged edges and blood clots, carried to the depth of about 1-8 inch, brought out at a point opposite their entrance and tied from above downward, thus converting the injury into the simpler variety described above, when the process is the same as that just mentioned, with the exception that the utmost care must be used in bringing together the divided sphincter ends. To do this, one or more stout pieces of silk worm gut are necessary, which should be made to enter the sphincter on one side, be carried well through the muscle and into the tissue behind it and brought out and tied at a corresponding point on the other side. Perhaps the most important point in any of these operations is to secure thorough approximation of the margins of the wound, otherwise a pocket will be formed for the collection of discharges that will almost surely defeat the union.

The intermediate stage for operation occurs from the seventh to the fourteenth day. An examination at this time shows commencing granulation of the wound with possibly some cicatrization at its bottom. The operation is the same as the preceding, except that the granulations and any cicatrical tissue must be carefully scraped away, the scissors or knife often being necessary in addition to the curette.

The operation in the secondary period differs much from either of the foregoing, both in view of the pathological changes that have taken place and in procedure. In operating at this time, it is well to bear in mind that the original tear is but imperfectly represented by the appearance of the

outlet, as considerable contraction has taken place owing to the formation of scar tissue and, in making the denudation, due allowance has to be made for this and the contraction that will take place subsequent to the operation.

After anesthetization and the necessary preparation, the patient is put in the lithotomy position, the knees being held in position by assistants or a leg holder. The necessary instruments are a scalpel, Emmett's curved scissors, dissecting and artery forceps, a vaginal retractor or Sims' speculum, needle holder and needles.

The first step in the operation is the outlining the area of denudation for the removal of all scar tissue, and, in making this outline, it should be remembered that the denudation endeavors virtually to reproduce the original injury, at the same time slightly exaggerating it. It should be quickly and carefully done with the point of the sharp scalpel, and forms your guide in the subsequent steps. The denudation should never be attempted without thus first defining its borders, otherwise, one's judgement is likely to err materially in the amount of tissue to be removed. The incision commences on one side of the outlet at the remains of the hymeneal ring, is carried across the perineum in the shape of a U to a corresponding point on the opposite side, thence back into the vagina along the lateral wall into the sulcus, well above the angle of the original tear, down the posterior wall to the crest of the rectocele, if one be present, or to a point about one inch above the center of the first or perineal incision, then back into the opposite sulcus and forward along the other lateral wall to the commencement. The denudation is then rapidly accomplished with scissors or scalpel, preferably the scissors, beginning at the skin perineum and removing the mucous membrane strip after strip within the outlined area until the whole has been denuded. It is particularly important that no small particles of mucous membrane should be left isolated within the denuded area, as it might lead to the formation of a vaginal cyst, or else prevent thorough union. When completed, the denudation presents the appearance of an inverted W, the free ends of which unite with the upper ends of the U. The suturing is now taken up within the vagina, beginning about the middle of the angle in one or the other sulcus, a silk-worm gut suture

being introduced from one to two fifths of an inch from the margin of the wound, brought down towards the operator, or outlet, made to emerge at the bottom of the wound and then out on the other side in a reverse direction so as to finally emerge at a point opposite its original introduction. This serves the purpose of lifting up the subjacent parts. Traction is now made on the lower part of the wound, when it shows above as an eclipse, and is coapted by means of a catgut suture, which is in turn drawn down, and so on until perfect coaptation has been secured. The same procedure is then resorted to in the other sulcus, when it will be noticed that the caliber of the vagina within the pelvis has been considerably diminished. A gathering suture of silk-worm gut is now introduced on the skin surface near the upper portion of the U, carried to the lateral vaginal wall, then across to the posterior column, or rectocele, and in a similar manner brought out on the other side. This suture is buried throughout its entire length, except where it emerges at the bottoms of the wound to be introduced immediately. It is now tightly drawn and tied, when it will be seen that the greater part of the gaping surface has been obliterated, and only half deep sutures of catgut are usually necessary to complete the operation.

If the rupture is complete, the denudation is practically the same as that just described, except that the perineal portion must embrace both ends of the divided sphincter, which are usually marked by a slight dimple. If there is any doubt as to the position of the ends, it can be determined by pinching the muscle or otherwise stimulating it to a contraction. In cases of complete laceration, the suturing is begun in the bowel, in the same manner as stated above, converting it into the incomplete form, and using the same care in approximating the sphincter ends by means of at least two silk-worm gut sutures sweeping deeply into the tissues behind.

The patient should remain in bed from ten or twelve days to two weeks or more, as may be determined in individual cases. The external sutures may be removed from the eighth to the twelfth day, those within the vagina being allowed to remain a week longer.

In an endeavor to simplify this paper as much as possible, I realize that much has been omitted that should have

been noticed, and that it is very incomplete, but I trust that discussion may be elicited that will bring out any salient points that I may have overlooked. With this description of the operative measures to be resorted to in these cases, I make a plea that they be given the attention at the hands of the profession at large that they deserve. The procedure is simple, and anyone who is reasonably deft should be able to perform it with the most gratifying success. There is perhaps no more common pathological condition affecting the child-bearing woman than some form of cervical or perineal laceration, and, considering their frequency, perhaps relatively fewer are given the rational treatment that is so plainly indicated than in any other class of surgical cases. If they are carefully looked after, as they should be, there is not only remuneration to be gained from them, but the everlasting gratitude and influence of the patient.

HYDROCEPHALUS. [in fœtus]

W. W. ROBERTSON M.D.,

McCOMB CITY.

I will endeavor to report a case that occurred in my practice June 16th. 1903. Was called at 10 A. M. to Mrs. L——, made a digital examination and found the os soft, patulous, and under very slight pains (which came on at intervals of about five to ten minutes) would dilate to about the size of a silver half dollar. The abdomen was unusually large and the fundus did not seem to contract, as it does in all cases of normal labor, although I was satisfied she was in labor as she informed me that she had been suffering for several hours previous to my visit. I immediately gave her ten grains of chloral with thirty drops of ergotole, which was repeated two hours later.

I called at 4 P. M., found her still having pains, much harder and at longer intervals, and upon examination found the os dilated so that I could diagnose the position of the fetus. I at once discovered that I had an abnormal position, that of "Breech." I at once emptied the bladder and lower bowels and the pains seemed to grow much harder and, seem-

ingly, she was progressing nicely and from all appearances would be delivered in a very short time. I waited patiently for an hour or two and then made another examination and found, to my surprise, the fetus had made no headway, or rather tailway, it being a breech. I then gave a hypodermic of morphia ¼ grain with atropine 1-120 grain that she might get some rest and sleep, as she seemed almost prostrated, having been suffering then some eight or ten hours. Would say just here, that I frequently give the above named combination hypodermatically when I find that I have a slow and tedious labor, and it has always served well as it does not retard labor in the least. Frequently we are called to patients, supposed to be in labor, when they are having nothing but what we term false pains, give a hypodermatic of morphia and atropine and it relieves them, whereas if they are true labor pains it does not stop them but seems to stimulate them and gives the patient some little rest between each pain.

I returned to my patient about four hours after giving the hypodermatic, as above stated, and found that she had slept about two or more hours; made my examination and found the os well dilated and the buttocks presenting, but still very high up in the superior strait. I then ruptured the membrane, thinking she would be delivered. To my surprise, there was not more than a tablespoonful of water passed, and from the size of the abdomen I was sure there would be at least a gallon or two, as there frequently is. She had more violent pains after the membranes were ruptured; and with one hand on the abdomen depressing the fundus and with two fingers of the other hand high up in the vagina I finally got them into the groin of the little fellow. I thought sure I would soon land him, but I worked and pulled, with first one hand and than the other, until I was utterly fatigued. I finally got my "Blunt Hook" and brought down one limb and then the other, and then I congratulated myself and took a long breath, thinking I would be through and going toward home in a few minutes. I laid my hook aside and wrapped a towel around the legs of the fetus and began to pull. I soon found my patient nearly off the bed, so I had the husband and a lady to hold the shoulders of my patient while I pulled. I worked in this way for thirty or more minutes and found that my strength had played out, so I told the

husband that I would need help and for him to get another doctor as soon as possible. He ran to the next door neighbor and 'phoned for Dr. Purser, who was soon on the battle field. The doctor came in very much excited and wanted to know the trouble. He soon took in the situation and decided (in his mind) we had an easy thing; so I gave the patient chloroform and soon informed Dr. P. to proceed to remove the child as I did not wish to keep the mother under the influence of chloroform too long as she had been taking it off and on for at least two hours; so he pulled and puffed and blew and pulled again until he was exhausted, and the fetus had not moved from the position in which it was on his arrival so we both got hold of the little fellow and pulled it down so that we got the shoulders delivered. I finally got a finger into the mouth and, my other hand supporting the back of the neck and shoulders, with Dr. P. firmly grasping the abdomen and manipulating the fundus of the womb, made traction. I firmly held on, feeling it give way slowly and surely; at the same time the water began to pour from the vagina and then a gush and out came the head, to our great relief. As soon as the head was delivered it flattened out, as flat as my hand and fully eight inches across, and looked to be as large as a large size dinner plate. Immediately upon the delivery of the head there were fully two gallons of water passed, which slowly oozed out at the anterior fontanel. The parietal bones were unusually large and very hard, as was the occipital. The frontal bone was entirely absent, indicating "Rachitis" or Rickets. The fetus had also "Spina Bifida" between the shoulders, a space about two and a half inches wide by five inches long, very dark in color, indurated around the edges and raised in the center, containing cerebrospinal fluid. The child was larger than the average, weighing, I would judge, ten pounds. It also had double vertebrae and was anchylosed.

Now, in conclusion, I wish to mention that had I known what I was up against after delivering the body of the fetus, I would have punctured the occiput and turned the water out, or would have gone in through the mouth and up through the fauces. Our text books state that hydrocephalus is very uncommon, occuring once in two thousand pregnancies. We know that it is a collection of serous fluid at some point within

or outside the brain substance, and prevents closure of the fontanels. According to Hirst it is not very rare, is often overlooked, and is a frequent cause of ruptured uterus. Now the question is, how was I to diagnose hydrocephalus, having an abnormal position, that of a breech?

My patient made an uninterrupted recovery. She is the mother of three children, all of whom are healthy, strong and vigorous. Six months after the above delivery I attended her in an abortion at six or eight weeks.

PLACENTA PREVIA.

GEO. L. HARBOUR M.D.,

VOSSBURG.

To me there is nothing so appealing, so demanding and drawing upon the skill and ability of a physician as that of having to face and manipulate successfully a case of placenta previa so as to protect patient, child and reputation. As a general thing, we have no warning of the demands which are going to be made on the part of nature and the accoucheur until we appear at the actual scene—and that, too, to see the life-blood of the patient wasting away from her in jets, which are alarming from the start and which demand of the accoucheur every power of his skill to meet the requirements of nature, so that life may be sustained and prolonged.

On examination we find one of three things to exist: a marginal placenta previa, a partial placenta previa (semi-lunar so to speak) or a complete over-lapping of the placenta over the os internum, or complete placenta previa.

Now we realize at once, almost in a moment's time, the nature of the case before us and, to say the least of it, naturally suspect a premature delivery, as only about one-third of the cases of this nature reach full term; generally the last twelve weeks of pregnancy seem to be the most favorable time for the occurrence.

Of course the hemorrhage most always marks the date, and that, too, in proportion to the encroachment of placenta over the os, and the greater the encroachment the greater

the hemorrhage as well as the danger—and the less the placenta previa the greater the probability that the case will approach full term and *vice-versa.*

Now we are up against the danger line, first the liability of the death of the child from premature delivery; second, hemorrhage; third, compression of the cord during version and its insertion near margin of placenta; fourth, septic infection and puerperal fever, getting its origin from the breaking up of morbid adhesions of placenta, which is most likely to occur in premature cases, as the tissue changes in the utero-placental junction are normally preparing for separation at full term, which has not yet taken place.

Sometimes before labor sets in, or even before suspected upon the part of the patient, she gives the history of having had a slight, or profuse, hemorrhage during sleep, or perhaps while attending a call of nature, without any history or apparent cause.

Now at this point, it is well to take notes and compare them with the next show of blood; as to the amount at each time and the intervals between each occurrence of hemorrhage—and by this observation you can almost every time tell whether the placenta is completely or partially overlapping the os—thus affirming, to a great extent, your diagnosis before dilatation of the os is sufficient to allow the introduction of one or two fingers to affirm the same.

Furthermore, the less the hemorrhage the more favorable the presentation, for in marginal cases the blood may be arrested from rupture of membranes and compression of bleeding surfaces by the presenting head, which is most always the presentation in such cases, accompanied by feeble labor pains and slow dilatation.

In cases due to blood loss, syncope, restlessness, feeble pulse, cold extremities, vertigo, headache, double-vision, convulsions, etc., mark the fatal symptoms, which draw the patient nearer the danger line, thus abandoning your earnest efforts and anxious entreaties, which transform your patient into that deep slumber called death.

It is not well to rely exclusively on the appearance of hemorrhages, in suspected cases of placenta previa, as the affirmative diagnostic point—but make inquiry into the history of the case, for you are liable to be deceived in your

earnest belief and unshakable confidence in self ability, for I know one patient who not only menstruated regularly through one term of her gestation, but through every term, and does not menstruate at all when not pregnant, but only when pregnant, and this is the occurrence each month until the child is born, and then no more until pregnant again, then a repetition of the regular menstrual period takes place until confinement. This woman enjoys perfect health, all the time, and gives birth to full developed, healthy children—she is now the mother of six, all living, and in perfect health.

Of course this case is an exception to the rule, as we all know, and but for this we could always rely greatly on the hemorrhage in such cases, as a sign of placenta previa.

So in all cases, it is well to confirm your diagnosis by vaginal examination, when, passing the finger into the os, the spongy texture of the placenta is easily recognized. In the primiparae, this process may prove difficult or impossible, but one side of the lower segment of the uterus may be felt, through the vagina, to be baggy, soft and enlarged—especially where the placenta is attached. Affirmed by the pulsating arteries in the same, the stethoscope here applied is no good, you must touch and recognize the placenta with the examining finger which is almost if not impossible to accomplish until after the fifth month of pregnancy. As to the prognosis in these cases, to say the best of it, it is extremely grave but, as I have mentioned above, the expectation is greater in proportion to the overlapping of the os by the placenta. In complete cases, two out of three are born dead—while others soon succumb a short while after birth. As to treatment, the first thing to do is to deliver as soon as possible, whether the child be viable or not.

In selecting any method for a special case, the conditions present must first be fully considered. First of importance is the degree of dilatation of the os and cervix uteri. If found closed, you must hasten dilatation by sweeping the finger around the mouth of the os, thus aiding dilatation and increasing the force of the pains, and should they be absent this manipulation will excite them.

I think the tampon just at this stage a nuisance, for it only acts as a temporary relief in controlling and concealing the blood—the pains, if absent, may be brought on or re-

stored by the finger which may act as a plug the same as the tampon, which is in the way. Now as soon as possible, introduce one or two fingers into the cervix and clear up, if possible, the presentation and the condition, or position, of placenta, as to whether marginal, similunar, or complete—if marginal, sweep one finger around the edge and feel during pains for the presenting part—if the head be presenting, continue to introduce one finger after another until you can introduce the whole hand—in the meantime, double the loose part of the placenta back upon itself and thus control the hemorrhage, now reach for a foot and when secured perform podalic version with the "bipolar" method and bring the feet down to act as a plug—at the same time keep the placenta folded on itself and make traction on the feet at each pain, so as to keep enough pressure against the placenta to prevent its unrolling: by this means you control the blood, with the child acting as a tampon, and also hasten delivery—usually, it takes about one hour to make the delivery, with all safety to mother and child. This treatment applies to marginal and partial placenta previa (similunar). Now in the partial and semilunar cases, where the head is presenting rapidly, from the force of each pain you may control bleeding to the extent that the patient will be safe in relying on a head delivery with the assistance of forceps provided she is a multipara, if a primipara never delay in turning if possible—if you do you will be almost sure to lose the babe and your patient will be completely exhausted.

If you are compelled to use the forceps before you are ready to make traction, one blade, on the side you have loosened the placenta from the uterus, should be introduced and kept in position until traction is ready to be made by both blades—this alone hastens contractions and keeps up almost a continued pressure against the detaching placenta, lessens the waste of blood and saves a waste of time in applying the proper aid to delivery at the time most needed. This treatment, with the one blade in position, will also hold good under the same manipulations as mentioned above—I would suggest that the male blade be introduced first, in order to secure firm locking of both when the female blade is applied, just as you would in any case, thus saving trouble and time. In cases of complete placenta previa, I would most

surely perform podalic version in all, if possible, for the hurried delivery demanded just at this point, if made with forceps, is liable to inflict damage to the perineum, and thus increase the graveness of the case from a greater loss of blood should laceration occur.

In cases where the child is dead or pretty sure to die from prematurity of labor, or when great exhaustion on the part of the female and the state of the pelvis and soft parts in her particular case contraindicates delivery by version, Simpson advises a complete separation of the placenta and trusts to contractions to complete the delivery—to this I do not agree, for this reason: in the first place, the child has absolutely no chance, and furthermore the patient, being already exhausted, needs help and rest—so the thing to do is to continue to bear in mind the life of the child, and deliver mother with forceps if possible, and as quickly as possible, if the os is sufficiently dilated for their appliance—of course no special rule can be followed for the exact treatment of placenta previa in every case: your success will depend largely, if not altogether, upon your judgment, skill and self possession.

The only rule I can suggest that would hold good in all cases of placenta previa is to think fast and work quickly and continually from the beginning until you know that both mother and child are safely over the danger line, work earnestly and faithfully with this point in view and if you save the mother every time you should feel proud, and should you succeed in saving both mother and babe you should feel very proud—you need not then bother about your reputation, for it will take care of itself.

After the child is born, I then introduce my hand and press it, folded, up against the fundus while with the left I knead the uterus, at the same time making counter pressure from both ways, in order to secure firm contractions and remove in front of the hand, when withdrawn, all clots and debris into the vagina and from there to the bed pan, thus controlling hemorrhage from the firm contractions which I readily secure and also guarding greatly against uterine inertia, or the recurrence of a hemorrhage from the same should it occur.

Now I put on a broad and well fitting abdominal bandage,

as tight as is comfortable for the patient, so as to sustain the firm contractions and make my patient more comfortable.

I now give ergot in teaspoonful doses, several times a day, and so continue, lessening the dose each day after the first until I know there will be no recurrence of hemorrhage. Now I have the patient to take twice a day a two per cent. carbolized douche, as hot as can be borne, which I have continued for a week or more, as the case may require, so as to guard against sepsis.

Should any oozing of blood appear from the lower segment of the uterus after firm contraction, I swab the bleeding surface, through a speculum, with a solution of styptic iron and give internally ergot and the tincture of chloride of iron, of each ten drops in water three or four times a day, which has never failed to give satisfactory results in all cases of the kind.

REPORT OF CASES OF PLACENTA PREVIA.

I. H. C. COOK M.D.,

HATTIESBURG.

The cases which I shall report are partly from memory and partly from notes taken down at the time of the occurrences of which I shall speak.

During the fall of 1887 I was called to see Harriet S., wife of R. S., who lived five miles in the country, and found on arrival a very stout negro woman exsanguinated and almost pulseless, but quiet. A midwife who was present stated that Harriet had been in labor for about eight hours and suddenly began to flood very freely; she becoming alarmed sent for me. After preparing my hands with hot water and soap in the usual antiseptic fashion, I examined the patient and found the placenta lying just within the vulva, the vagina being found full of clots and a large lot of clotted blood found between the thighs of the patient. By pushing my hand upwards I found the cervix patulous and dilatable and the child's head lying just within the cervix, with an unbroken sack of waters and the fœtus floating in the waters. All pain had ceased and the woman was quiet, but very weak. I introduced my hand into the uterus,

breaking the membranes, and passing my hand up to the child's feet, caught them and turned and delivered the child without chloroforming the patient. There was no further hemorrhage and the patient made a good recovery without further attention on my part. There had been no movement of the fœtus since the sudden expulsion of the placenta and no doubt the child died shortly after its separation from the uterus. The cessation of all uterine pain was undoubtedly a safeguard against hemorrhage.

In November 1893 I was called to see Mrs. D., a multipara, third child, at full term. She was having a profuse flow of blood per vaginam. I had seen this patient some two weeks before, when I was called on account of severe hemorrhage which was controlled by putting her in bed and requiring quiet. An urgent direction was given to have the patient kept in bed and quiet; I further requested her husband to send for me immediately upon the first symptoms of labor pains. When this occurred I was summoned but when I reached her I learned that her husband had been unable to control her and that she had been out of bed most of the time since my previous visit. She was bleeding rapidly when I reached her, had a very anemic appearance and was exceedingly weak. I placed her in bed and remained by her bedside while her husband hastened after the nearest physician, six miles away. When he arrived, we put her under the influence of chloroform and I proceeded to deliver the child. The placenta was centrally placed within the lower segment of the cervix and completely filled the mouth of the uterus; so that it was necessary to push my hand up through the placenta in order to reach the feet of the child and turn and deliver. I did this rapidly and quickly delivered a live boy. There was considerable hemorrhage but by giving a teaspoonful of fluid extract of ergot and a hypodermic injection of a 1-20 grain of strychnia sulphate, and repeating it in an hour, we got the hemorrhage under control. She was delivered about 4 P.M., and I remained until the following morning, when I was compelled to leave her in the hands of the assistant physician. I gathered from him that she became restless the next day and blood began to flow because of her efforts at vomiting. She died some two days after delivery. The child had to be reared by hand

and is a stout, healthy boy to-day. This patient seemed so much better next morning that I had high hopes of her recovery. Reaction had become thoroughly established and she seemed cheerful and wanted to eat. I left the patient to go home and prepare for a trip to New York and never heard from her until after I had been in that city for several days, when I had the unwelcome news of her death.

The third case was one of lateral implantation of the placenta and in a multipara, third child. She had been in labor for a few hours and was flooding so much that the husband, who had employed another physician, became alarmed and had me called in consultation; but the labor was progressing so fast that while the hemorrhage was considerable, I did not think it best to interfere with the efforts of nature. The labor terminated favorably to both mother and child, and neither needed further attention save what is usual in ordinary labor cases.

Fourth case. Multipara. I was called to see Mrs. McC. during the month of January 1904. The patient lived seven miles from my office on the M. J. & K. C. R. R. The child being alive and moving and the pains strong, I concluded that I would try to save both the child and mother. On examination I found the placenta detached on the lower margin and bleeding at every pain, but as the hemorrhage was not very profuse I concluded to wait until I could get the assistance of another doctor. After waiting for some time subsequent to sending for assistance, the pains became so intense that the patient begged me to save her life as she felt she could not stand much more loss of blood. I chloroformed the patient, and having a lady in the house who had had some experience in the administration of an anesthetic I turned it over to her to keep the patient under its influence and proceeded to deliver the child. I had half a gallon of strong vinegar heated and ready for use, and when I had turned the child and delivered it, I gave it over to an old midwife to resuscitate; but while I was giving my attention to the woman, the child became so far beyond aid that it died without having breathed the air of this earth, and was consequently lost. Immediately after handing the midwife the child I passed a large, fully aseptic piece of absorbent cotton saturated with strong, hot vinegar just within the

cervix uteri; and repeated this operation until the vagina was filled with the mass of cotton. After remaining until the other doctor whom I had sent for had been gone for some time, and finding her reacting nicely, and hence feeling safe about her, I went to a neighbor's house for some sleep and returned the next morning. I first emptied the bladder and then removed the absorbent cotton and used a douche of hot potassium permanganate solution up against the cervix and cleared out the vagina with the same. I then ordered a douche of hot carbolic acid solution, twelve per cent., repeated twice each day. On returning on the second day I found her with a temperature of 99° F. and doing nicely otherwise. She had passed her urine into a bed pan and I had no further trouble. The heart of the child was beating when I turned it over to the midwife and I thought sure it would be resuscitated, but I was disappointed. Every means at my command was used to restore it, but without avail. I think the child had lost a great deal of blood through the tear of the placenta before I had reached the case, as the mother said that the movements of the baby were very weak.

My intentions in these cases are two fold: first to draw the attention of the profession to this important subject; and second, to have the matter discussed for our mutual benefit. There are none of us who like to be called to a case of placenta previa; but we have to face it and we had just as well make up our minds about it and be prepared to do well when we do our best.

The last case attended was one of lateral implantation as before stated and I have thought that if I had had the assistance of another doctor I might have, by using styptics pressed up against the cervix where the placenta was partly detached, controlled the hemorrhage sufficiently well that the labor could have proceeded to its normal termination, instead of forcing it and delivering it as I did. I am anxious to have the matter discussed and leave the subject with you.

Dr. F. E. Shilling of Collins died in Hattiesburg September 12th., aged thirty-one years.

SALPINGITIS.

W. R. McKINLEY M.D.,
COLUMBUS.

Mr. President and Gentlemen of the Association. After accepting the invitation from the Chairman of the Section on Gynaecology to prepare a paper on some subject in this branch of medicine for the Mississippi State Medical Association, I concluded to present for your consideration a brief paper upon a very common trouble that woman is subject to. One to which she is frequently exposed and which she very often contracts.

Salpingitis is the subject I propose to present. And yet while a very common subject and a very frequent affection of woman, it is nevertheless a very serious and no less interesting one. It is important on account of its very frequency, for there is scarcely a medical man who does not meet it in some of its forms or phases in his practice. It matters not in what column we may classify salpingitis, it is one affection of woman with which both the general practitioner and the surgeon as well have to deal. It occurs in every known climate and affects all nationalities. Yet it is more frequent in some sections and especially among certain classes. It is the rule among negro women and prostitutes. While not so frequent, it nevertheless occurs among the better classes, and in polite society. Causes which produce it, like a snake in the grass or a thief in the night, produce invalids of some of our best and noblest women. The causes being so many and varied, are responsible for this wide spread distribution of the disease. They vary in degree and kind, from those produced by simple inflammation of the mucous membrane of the uterus and vagina to those of gonorrhœal origin or septic infection following labor, abortion or meddlesome manipulation. The causes that produce each case, and the time and kind of treatment each case receives, are the determining factors in the ultimate results. The term salpingitis, virtually and conventionally includes about all of the inflammatory affections of the uterine appendages. For my purpose in this presentation, I do not propose to classify the affections of the fallopian tubes into their various divisions

and subdivisions. I propose to speak of salpingitis in its general meaning. Various causes produce it, and it terminates in various conditions and results, and each termination is a case in itself.

Etiology. Salpingitis may be acute or chronic in its occurrence. It is generally a secondary condition to the various infections and inflammatory conditions of the uterine mucous membrane. The mucous membrane lining the uterus being continued into the tubes, offers easy means of infection by direct extension from the uterus and vagina. We all know how many are the causes that give us inflammation of the endometrium and which on account of the anatomical relations of the tube with the uterus serve as so many causes of salpingitis. Among the many causes of endometritis and, by direct extension of the inflammation, salpingitis, may be mentioned subinvolution, lacerated cervix, displacement of the uterus and appendages, tumors, labor and abortion, sepsis, instrumental or other manipulations, and gonorrhœa and sepsis occurring during the puerperal period are doubtless the most frequent of all the causes.

Pathology. The pathology of salpingitis is of course that of inflammation of any other like organ. The point especially to be remembered in this condition, to my mind, is the size and function of these organs, and their anatomical relations with the outside world through the uterus and vagina and the hidden, sensitive peritoneum of the pelvic and abdominal cavities. You must remember that the Fallopian tube is a very small organ, and that it may easily rupture and cause general peritoneal infection and death, or remain forever occluded and establish sterility. Inflammation of these tubes is of varying degrees. It may involve only the mucous coat of the tube, and on the other hand may involve also the muscular and peritoneal coats. Nor does the inflammation always cease here. It may extend through the whole length of the tubes to the ovaries and abdominal peritoneum. It may end in resolution and health or result in one of the many such conditions as pyo-salpinx, hydro-salpinx or hematosalpinx. Microscopists tell us they have found various organisms in these infected tubes, such as pneumococcus, streptococcus, staphylococcus, gonococcus, tubercle bacillus, and the bacillus coli communis.

Symptomatology. Pain is probably the most frequent and important symptom in both acute and chronic salpingitis, and it is equally common in both. It may vary in degrees of intensity, from slight aching, dull pain, to severe lancinating pain; but it is a constant accompaniment in both varieties. In the clinical history we generally meet first the symptoms of endometritis. By subjective examination we may get history of miscarriage, abortion, or from some classes the history of gonorrhoeal infection. As a rule the woman will date her trouble some time back, as from her marriage, some labor or child-bed fever, or from some abortion, since when she has never been well. We have them tell us that they are rarely free from pain low down in the abdomen; that they are tender and sore all the time; that they suffer pain when riding, driving or walking: that they frequently suffer from some bladder trouble; they tell us that menstruation is nearly always painful and frequently irregular, that the hemorrhage is frequently scant but oftener profuse; that they suffer from leucorrhoea nearly all of the time, and that the discharge is acrid and burning, producing itching and scalding of the vagina and vulva, and often trickles backward towards the rectum, excoriating the anus; that the pain will start in the left, or right, or both sides, and extend down the inner sides of the thighs; some tell us that pain is intense during coitus, which they frequently have to abandon on account of the suffering it gives. I know one case in an opium fiend who claims that painful coitus was responsible for her using morphine and being divorced or separated from her young, strong husband who gave her gonorrhoea. By objective examination we find accelerated pulse and elevated temperature; tongue heavily coated; foul breath and anorexia; we find the woman generally with pale face, certainly with painful expression stamped in her face; we find her during her menstrual period or one of her acute attacks lying in bed with her spine curved forward and her limbs drawn upward; we generally find her nauseated or vomiting; she is afraid for the bladder or bowel to act on account of the suffering it generally gives her. In nearly every case they will refer some pain to the rectum. On physical examination we may find evidences of parturition or abortion, lacerations of cervix or some form of endometritis; we always find some kind of discharge on

or about the cervix uteri, which, if at all suspicious, should be sent to the microscopist who will search for the gonococcus; we find the lower abdomen tender and somewhat tympanitic; on digital examination we may find distinct and well defined tubal trouble, but very often indistinct outlines and simply a tender fullness in the regions of the tubes. And in this connection it must be remembered that cystic tubal troubles are very liable to be ruptured by manipulative examinations.

Diagnosis. In the diagnosis of salpingitis we must rely upon the clinical history given us in minute details by the patient, the general symptoms and physical examination.

Prognosis. There is probably no known or recognized rate of mortality in this affection. We know, however, that it sometimes ends in death. The tubes may rupture and give us general peritonitis, or the infection may escape through the abdominal ends of the tubes and likewise produce peritonitis and death. Mild cases are not dangerous to life and may end without treatment in resolution and restoration to health. Severe cases, as those produced by septic or gonorrhoeal infection, are looked upon with a great deal of anxiety and apprehension as to the function of the tubes and the life of the patient. Unrelieved, suppurating cases may form fistulous openings and empty themselves through the vagina, bladder, rectum or the anterior abdominal walls. I have seen one or two cases that pointed through the abdominal walls which were opened and drained, a few that opened through the vagina and several that bulged and opened through the rectum, discharging immense amounts of pus. We must not lose sight of one of the most signal resulting phenomena of salpingitis and that is sterility, of the production of which so many of our society women are proud and upon which a few of our best women look with increasing regret. Salpingitis is doubtless responsible for the fact that some of the royal families of Europe as well as our wealthy families of America fail to reproduce heirs to the crowns of the continent or the vast and rich estates of American accumulated wealth.

Treatment. As regards the treatment of this affection there is but little to be said. It is simply a question of management and dealing with each individual case as its symptoms and pathological nature demand. Aside from the ex-

pectant treatment it is purely a surgical disease and calls for surgical interference; yet there are hundreds of cases who receive nothing but the family physician's care. In many cases this expectant treatment is all that is indicated, yet there are many who remain sterile and are further invalided for life because they refrain from any mutilating operation. Unfortunately for these women there is no known therapeutic agent that will exert curative or specific action in their behalf. If the time ever arrives when the man and the woman can appreciate the value of hygiene and prophylaxis, many of the horrors of this common affection will disappear. Indeed to my mind the using of the ordinary midwife as an obstetrician and black mammy as a nurse should be condemned in no uncertain terms and discontinued altogether. The practice of examining the woman in labor with unclean hands, and the douching of the same by unprofessional nurses just subsequent to labor, is fraught with many dangers of infection that cause and lead up to the troubles that put them into hospitals and into the hands of the surgeon. Obstetricians should repair recent lacerations of the perineum; physicians and surgeons should give early and timely treatment to all cases of endometritis and lacerations of the cervix uteri; the husband should know and be taught the many dangers to which he subjects the wife when he himself has gonorrhoea or gleet as he wills it. These precautions being taken we would no doubt have fewer cases of salpingitis and sterility among the better classes of our people. Those who have salpingitis should be put to bed and as much as possible be kept quiet and at physiological rest. As a general rule little or no opium should be administered, yet an occasional dose in some form seems imperative to procure any rest at all. The woman should get douches of as hot water as she can well bear, and the bowels should be kept open by the saline laxatives. I have found that keeping them in bed, ordering hot douches and giving them a combination of the bicarbonate, bromide and sulphate of sodium would answer fairly well in these cases, relieving the bowels and lessening the demand for opiates. If the case is not of simple origin and does not tend to end in resolution and health, then the mutilating operation is indicated and should be resorted to without delay.

Recapitulation. Gentlemen, the interest I desire to elicit

by presenting the subject of salpingitis for your consideration is that I have reviewed the fact of its common occurrence, its wide spread distribution, its various causes, its methods of contraction, its serious nature and its extreme tendency to end in sterility, and especially that I have made at least some one suggestion that tends to lessen its so frequent occurrence by means of hygiene, prophylaxis and timely treatment.

*INTESTINAL DISORDERS OF CHILDHOOD.

S. W. GLASS M.D.,

DUBLIN.

In presenting this paper on intestinal toxæmia of children, I feel my inability to enter into the discussion as fully as the subject merits. After briefly giving my views of etiological factors as well as the pathological condition existing, if any, I wish to report two cases which will explain the objective symptoms present.

The gastro-intestinal canal is the largest collection of glands in the body and in its pathological relations it presents certain analogies to the skin since it is liable to be exposed to the direct action of irritating substances and is constantly in relation with numerous bacteria, some of which are harmless, perhaps even useful in the process of digestion, while some under certain circumstances become pathogenic. Further, the food may contain bacteria essentially pathogenic, for instance the tubercle bacillus or that of typhoid fever. Poisonous substances may be introduced by food or drink, or be produced within the intestinal canal by perversion of the process of digestion. These poisons acting on the mucous membrane cause irritation and disturbance of function, or catarrh, or they may be absorbed and so produce general symptoms. In the latter alternative, local lesions may not be produced or they may be slight or late in making their appearance ; thus in many cases of even serious general disturbance traceable to the gastro-intestinal canal

*Read before the Clarksdale and Six Counties Medical Society.

the morbid changes in mucous membrane are recognized with difficulty, if at all, and may be, and probably are, of secondary importance. The most serious symptoms of such disorders are secondary not to lesions of the mucous membrane but to the absorption of poisonous substances introduced into the alimentary canal or produced within it. At present it is not possible to make a rational classification of gastro-intestinal disorders founded either upon morbid anatomy or on the nature of the bacterial infection which undoubtedly has a large share in producing diseases having their origin in the gastro-intestinal canal.

The attempt to found a classification upon the presence or absence of inflammation is not successful because, in the first place, the question whether inflammatory changes are to be observed depends in many cases, if not in the majority, on the duration of the disease. Such changes make their appearance if the patient survives the severe general symptoms produced by the absorption of the toxic material which is the true materies morbi.

On the whole, it will be found most advantageous to follow clinical features which are, as a rule, related to certain etiological factors to be more or less clearly discerned. The diet may be imperfect in more than one way. Thus, there may be deficiency or excess in the amount of food given. The food may have undergone fermentative changes. Sour milk or meat which has undergone putrefactive changes; also bad fruits, come in this category. The food though of good quality may be unsuited to the digestion of the infant or child. For example—solid meat, green vegetables, potatoes and the ordinary food of the table.

During the holidays I was called to see a white child two years of age; no hereditary taint; I found that the child had partaken very freely of the highly seasoned food prepared for Christmas; the patient's temperature was normal; pulse 120° F.; sighing respiration; listless appearance; liver enlarged; spleen normal in size; no distension of bowels; there seemed to be complete intestinal paresis. I diagnosed the case as intestinal toxaemia. I administered about ten grains of calomel, divided into five doses to be given every two hours, followed with castor oil, with no results; on following day I repeated calomel and administered

high enemas of saline solution with very satisfactory results.

Number Two. On February 22nd. I was called to see a white child four years of age, good family history. Found that the child had suffered from attacks of indigestion for several days. The patient had temperature 102° F.; pulse 140; sighing respiration and listless appearance; liver enlarged; spleen normal; abdomen not distended; in this case there seemed to be complete intestinal paresis. I diagnosed intestinal toxaemia with malarial complications. I administered fifteen grains of calomel, divided into five doses, one to be given every two hours, to be followed with castor oil. Ordered ten grains of quinine and wine to be given when bowels acted freely. On my arrival next day I found that the bowels had not moved, but the parents had given the quinine during the night. The patient was thoroughly cinchonized; no fever; other symptoms unchanged. I again ordered the mercury repeated, alternating with magnesia sulphate. The patient's bowels moved slightly; color of stove grease. The patient remained in this condition for three days, when Doctors Gray and Stewart were asked to see the case with me. After consultation, we decided to repeat the mercury, one tablespoonful of saturated solution of Rochelle salts with each dose. About every three hours flushed the bowels with large quantities of saline solution through return flow rectal tube. After about thirty-six hours the patient began to show improvement and made a rapid recovery. I wish to impress the fact that experience has convinced me that mercury is about useless unless used in connection with some hydrogogue cathartic and frequent high enemas.

In Clapton, a poor quarter of London, fees of twopence (4 cents) are said to be not unknown. One newspaper remarks: "Of the twopence fee it might be said that it brings sickness within the reach of all. In Clapton, at any rate, there is no excuse or justification for any one being well."—*N. Y. State Journal of Medicine.*

EDITORIAL.

OFFICIAL ORGAN OF

THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

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With the present issue we have completed the papers presented to the Association at its last meeting. The remainder of the matter for the Transactions is being put in type and as soon as it can all be assembled and the covers procured, the books will go to the binder. So that there is little doubt but that the job will be completed well ahead of the date specified.

In this connection we beg to call the attention of the county societies to the fact that the Association matter is used up. We have on hand sufficient material for two more issues, papers sent us from some of the societies, and when these are exhausted we will be "up against the real thing" unless some of our good friends will come to our aid. We have purposely killed the department of "Current Literature," abstracts of papers published in other journals, for we believe that such matter has no place in a journal of this class. Such literature is at best only a guide, an index to where articles on a subject can be found, and, unless very far-reaching, does little good. Moreover it is apt to be misleading since the one who does the abstracting must necessarily lean to what attracts him personally. Therefore, as a rule, it serves simply as padding.

With all our county societies and their wide-awake members, the journal of our Association ought not to need any padding. We have had seven unpadded issues and have material for two more, and it is simply up to the members to see to it that we complete the year as we have begun. Personally we believe that the *Journal* makes a creditable showing and we are not in the least egotistical in saying this

since it is not our individual work but that of the members of the Association as a whole.

Therefore we ask the county societies to give us their assistance and send us not only the papers read before them but a brief account of their meetings. This is a feature that if worked up will add very materially to the interest of the *Journal*, since we are all members of one family and want to know once in a while what our brothers are doing, and at the same time will help to weld the Association together and make of it a more formidable engine when we strive for any needed legislation.

COUNTY SOCIETIES.

Jones County Medical Society held its regular meeting in the Y. M. C. A. parlors, Laurel, October 11th. at 2:30 p.m. The programme consisted of the reading of clinical reports only. Those who contributed these were Dr. Troy Sexton, Santonin Poisoning; Dr. C. M. Hyde, Report Of Two Cases Of Catarrhal Appendicitis, Remarks On Its Treatment; Dr. W. S. Cranford, Laryngeal Croup With Tracheotomy. All subjects were freely discussed. This being the last meeting of this year it was moved to proceed to the election of officers and that, beginning with January 1905, the meetings be held once every two months instead of quarterly. As a result of the election Dr. H. G. McCormick was elected president; Dr. J. R. Kittrell, vice-president; Dr. Troy C. Sexton, re-elected, secretary and treasurer; Dr. C. H. Ramsey, censor three years; Dr. M. D. Ethridge, censor two years. Dr. Sexton was elected delegate to state association, with Dr. H. S. Tucker as alternate. Dr. J. C. Butler was received into the society, which then adjourned to meet in Ellisville second Tuesday in January.

Warren County Medical Society held its regular monthly meeting at the Vicksburg Infirmary, October 11th. In the absence of the essayists, Dr. Waldauer reported an interesting case of foreign body in the urethra and one of ptomaine poisoning. Drs. E. S. Rauch and J. S. Ewing were elected to membership.

Washington County Medical Society held its quarterly meeting in the City Hall, Greenville, October 5th. The

meeting was well attended and proved quite interesting to all present. Papers were presented as follows: H. L. Sutherland, Rosedale, Miss., Scurvy; E. A. Cheek, Arcola, Miss., Stricture of Oesophagus. The subjects were well discussed and many interesting points were brought out. Papers were assigned to Dr. Chilton of Wayside, Dr. Williams of Benoit, Dr. Jackson of Belzonia and Dr. Payne of Greenville. The society adjourned to meet January 1st. 1905.

BOOK REVIEWS.

Diseases Of The Stomach and Intestines, with an account of their relations to other diseases and of the most recent methods applicable to the diagnosis and treatment of them in general; also the "Gastro-Intestinal Clinic" in which all such diseases are separately considered, by Boardman Reed M.D., Professor of Diseases of the Gastro-Intestinal Tract, Hygiene and Climatology in the Department of Medicine of Temple College, Philadelphia, etc. *Illustrated.* E. B. Treat & Co., 241-243 West 23rd. St., New York. Price $5.00 *net;* half Morocco $6.00.

Here we have described first the anatomy and nerve supply of the digestive tract and the normal functions thereof. Then follows a thorough discussion of methods of examination, from interrogation of the patient to examination of gastric contents and feces, and a chapter is devoted to symptoms that may aid in diagnosis. Treatment follows, and includes a detailed description of diet and the value of exercise, massage, electricity and other remedial agents besides medicinal therapy. The remainder of the book is occupied by the "Gastro-Intestinal Clinic," a detailed account of the various pathological conditions of the different parts of this tract, complete in every detail and well illustrated. Such a book cannot but be eagerly received, since gastro-intestinal diseases form a large part of our daily work and such a complete and ready reference as this has not yet been offered to the profession.

Surgical Treatment Of Bright's Disease by Geo. M. Edebohls A.M., M.D., L.L.D., Professor of Diseases of Women in the New York Post Graduate Medical School and Hospital; Consulting Surgeon to St. Francis Hospital, New York; etc. Frank F. Lisiecki, 9 to 15 Murray St., New York.

The author has made a compilation of the various contributions made by him to the literature of the subject,

which have appeared in various medical journals. In them he discusses the indications and the operation and to this he has added what the profession has been waiting for ever since the operation was first performed—an account of the results. As he candidly states, the operation is too young for any results that will give a final conclusion, but the histories of these seventy-two cases are very convincing, especially when one notes the exceeding fairness with which he makes the final summary. A well arranged bibliography with index and cross-references adds to the convenience of the book.

Hand-Book Of The Anatomy and Diseases Of The Eye And Ear. For Students and Practitioners. By D. B. St. John Roosa M.D., L.L.D., Professor of Diseases of the Eye and Ear in the New York Post Graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A.M., M.D., Professor of Diseases of the Eye in the New York Post Graduate Medical School; Fellow of the New York Academy of Medicine. 300 pages, square, 12 mo. Price, Extra Cloth, $1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

That there is a demand for the various hand-books, compends, etc., is evident from the frequent revisions and new departures in this line. They may have a place in the library of a physician but that they are of any use to a student is not shown by a study of the statistics of the various state boards of medicine examiners.

While we do not laud the custom of using these "short cuts to knowledge" we owe it to the publishers to admit that though this is like all the others in the matter it contains it is unlike most in that it is an unusually well made book.

M. H. B.

Suppression Of Tuberculosis by Professor E. von Behring, University of Marburg; authorized translation by Chas. Bolduan M.D. John Wiley & Sons, New York. Price $1.00.

Since tuberculosis is so varied in its source and so widespread and disastrous , anything that will aid in checking it is worthy of deep interest. Therefore an article from the pen of a man so well known as the author will be gladly received by the profession.

JOURNAL OF
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VOL. IX.] DECEMBER 1904. [NO. 8.

SPECIAL ARTICLE.

AN EXPOSITION OF FRAUD.

HICKORY FLAT, MISS., Oct. 19th. 1904.

EDITOR JOURNAL:—

R. A. Holcombe after spending perhaps two and a half months in Memphis Hospital Medical College of Memphis, Tenn., located in Hickory Flat to practice medicine, having the people believe he was a skilled surgeon both in minor and capital operations.

In the course of a few months he presented a letter he claimed to have received through the mails, purported to be from Dr. W. B. Rogers of Memphis, dean of the faculty of the Hospital Medical College and occupying the chair of surgery in that institution, summoning him to Memphis. He answered the summons with due promptness and when he returned stated that Dr. Rogers asked him to operate on a lady from Texas; that he did operate, removing a ten pound tumor from the uterus, and that he received a fee of one hundred dollars, fifty of which he gave to Dr. Rogers I wrote Dr. Rogers asking if it was a fact that he had had Holcombe do any abdominal surgery for him. His reply was that he had not, and that he knew nothing of the case mentioned.

A few months later he exhibited to some of his friends a letter signed ostensibly by Dr. Goodman of New Albany, Miss., requesting him to come to New Albany at once. Without delay he answered the call and on his return, the next day, reported that he had operated successfully on a case of appendicitis for Dr. Goodman. He visited the patient a second time and reported a speedy convalescence. Dr. Goodman states positively that he knows nothing of such a

case, nor has he ever written him soliciting his assistance in any case of surgery whatever.

Upon examination I found his license signed by W. J. Durum, Secretary of the Mississippi State Board of Health. Having no knowledge of any secretary of this name, I wrote Dr. J. F. Hunter to know if his license was genuine. He wrote me that it was not, that there had never been a man of that name secretary of the board and that the license was clearly a forgery. He also wrote Holcombe that his license was not legal, requesting him to discontinue practicing.

After the lapse of three or four weeks Holcombe left Hickory Flat, saying that he was going to Jackson, and returned with a second license, stating that Secretary Hunter had issued it and signed it with his own name and those of six other members of the board of examiners.

Again I wrote Dr. Hunter to know if he had issued him the second license, which he positively denied, saying that he had never seen the man and the record did not show that he had ever been before the board or obtained a license of any kind, permanent, temporary or non-resident, the only forms of license the board can issue. With no other recourse but to appeal to the court, I employed council and had him arrested and tried in the magistrate's court. Dr. C. D. Mitchell, member of the board, appeared against him. Dr. Hunter wired me to get a continuance as it was impossible for him to come. We felt sure that Dr. Mitchell's testimony would bind him over to the Circuit Court but when Holcombe took the stand he swore that Dr. Hunter signed all the signatures attached to his license and the jury acquitted him on this testimony.

He was arraigned the second time in the magistrate's court, this time for perjury, when his council waived examination and gave bond for appearance before the grand jury.

In my endeavors to make the case as strong as possible, I asked Dr. Rogers, through W. J. Abston of Memphis, to send me his affidavit to establish the fact that Holcombe had lied besides forging Dr. Rogers name to the letter before mentioned, but he refused to do so.

I also made an earnest appeal to the health officers of Benton and Union counties, in which he practiced, to have the case investigated before the next grand jury of circuit

court, but without avail. They were as mute as mummies, as dumb as oysters. However, Dr. Mitchell took the matter up in Union county at the July term and had an indictment drawn against him. Benton's circuit court convened in August and Dr. Hunter was subpœnaed and appeared before the jury at Ashland, but there was no bill obtained. They succeeded in having his brother and enough of his friends on the jury to defeat the bill.

I think the medical profession, especially of Mississippi, should be in possession of the facts in this case and make every endeavor to unearth and expose the root of this evil. I contend that if the fair name of our time-honored profession is to be humiliated and imposed upon by such fakes and flagrant violations, we who have labored so long and so earnestly as guardians of the health, life and property of our nation had as well ask the repeal of our statutory laws, bury them in oblivion and permit anyone who feels disposed, regardless of qualifications, to hang out his shingle and with untrained hands and uneducated brain assume the grave responsibilities attendant upon the practice of our profession.

I know this man to be deficient in both literary and medical education and will say in conclusion that if he can name the different divisions of the alimentary canal I will treat our efficient and popular editor to some good old red liquor and subscribe for the *Journal* for 1905.

Yours truly,

J. T. Abston M.D.

Office of Clerk of the Circuit Court,
Benton County.
Ashland, Miss., March 24th. 1903.

Dr. J. T. Abston, Hickory Flat.

Dear Doctor:—In reply to your letter of the 21st. inst. beg leave to say that Dr. R. A. Holcombe's license was issued by W. J. Durum, Secretary Mississippi State Board of Health, Jany. 4th. 1900. It shows that he was 23 years of age and had spent two years in professional studies under the supervision of T. A. Holcombe and has attended one course of lectures at —— Medical College and has practiced medicine one year and has chosen as his school of practice

that of —— physician and refers concerning his moral character to ——.

Issued by authority Section 16, Act February 28th. 1882.

The above are the material facts of the license and contain all the dates given in the record, together with all the references, etc.

If this fails to give you the desired information, write me and I will take pleasure in furnishing you anything that is a matter of record in my office. Any time that I can serve you, command me.

Your friend,

J. W. GRESHAM.

This is to certify that R. A. Holcombe of Hickory Flat, Miss., has not now, and never has had, a license to practice medicine in this state, from the State Board of Health of Mississippi, and that he cannot obtain a license to practice medicine in the State of Mississippi until he presents himself before the Mississippi State Board of Health and passes a successful examination.

J. F. HUNTER M.D.,
Secretary and Executive Officer
Mississippi State Board of Health.

TRANSCRIPT OF LICENSE.

THE STATE OF MISSISSIPPI.
No..... OFFICE OF
MISSISSIPPI STATE BOARD OF HEALTH.

Know all Men by These Presents,

That Robert Augustus Holcombe who, according to his letter of application on file in this office, was born in Benton County, 26 years of age, who resides in Benton County, and whose postoffice address is Hickory Flat, Miss., and who has spent three years in professional studies under the supervision of T. W. Holcombe, as preceptor, (whose postoffice address is Hickory Flat, Miss.) and has chosen as his School of Practice that of the Regular Physician, and refers concerning his moral character to Dr. J. W. Vaughan, of Potts Camp, Miss., and to Dr. Goode, of Myrtle, Miss., has made

application for license to practice medicine in the State of Mississippi.

THEREFORE, By authority granted in Section 3254 of the Code 1892, State of Mississippi do hereby license the aforesaid Robert Augustus Holcombe to practice Medicine in the State of Mississippi.

ISSUED, by order of the Mississippi State Board of Health, this 13th. day of May, A. D. 1903.

J. F. HUNTER,
Secretary Mississippi State Board of Health.

H. D. GANT Prest.
S. R. DUNN M.D.
C. D. MITCHELL M.D.
W. S. GREEN M.D.
T. W. ROLAND M.D.
E. P. JONES M.D.

Recorded July 6th. 1903.

I hereby certify that the License recorded on this page was filed in my office for record July the 6th. 1903, at 11 o'clock A.M. and duly recorded same day.

J. W. GRESHAM, Clerk.

OFFICE OF CLERK OF THE CIRCUIT COURT,
EX-OFFICIO NOTARY PUBLIC BENTON COUNTY,
ASHLAND, MISS., NOV. 1, 1903.

I, W. T. Renick, Clerk of the Circuit Court in and for the said Benton County, and State of Miss., do hereby certify that the foregoing is a true and correct copy of the Transcript of License of Dr. R. A. Holcombe as appears on page 41 of Register of Physicians License of Benton County and which is now a public record in the Circuit Clerk's office of Benton County, Miss.

W. T. RENICK Clerk.

THE JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION,
VICKSBURG, MISS., November 3rd. 1904.

DR. J. F. HUNTER, Jackson.

Dear Doctor:—I am in receipt of a transcript of a license filed in Benton County, permitting R. A. Holcombe to practice medicine. It is dated May 13th. 1903, and bears besides your own name, as secretary of the Board of Health, those

of Drs. Gant, Dunn, C. D. Mitchell, W. S. Green, Rowland and E. P. Jones. It having been charged that this license is no license but a forgery, will you kindly certify whether or not the records of your office show that it was issued.

Very truly yours,

E. F. Howard,

Managing Editor.

Mississippi State Board of Health,
Jackson, Miss., November 7, 1904.

E. F. Howard M.D.,
Vicksburg, Miss.

Dear Doctor:—

Your letter 3rd. inst., received, stating that you are in receipt of a transcript of a license filed in Benton County, permitting R. A. Holcombe to practice medicine. You stated that it was dated May 13, 1903 and bears, besides my name as Secretary of the Board of Health, the names of Doctors Gant, Dunn, Mitchell, Greene, Rowland and Jones. I will state positively for your information that Dr. R. A. Holcombe has never been licensed by the State Board of Health of Mississippi to practice medicine, and that the license you refer to as issued on May 13, 1903, is a forgery. Not one of the above named members of the Board signed it, neither was it signed by me.

Yours truly,

J. F. Hunter,

Secretary.

Mississippi State Board of Health,
Jackson, Miss., November, 7, 1904.

I hereby certify that I have examined carefully the records of the State Board of Health office and they do not show that any license to practice medicine in the State of Mississippi was issued to R. A. Holcombe May 13, 1903. I further certify that said R. A. Holcombe has no license to practice medicine in the State of Mississippi.

J. F. Hunter,
Secretary and Executive Officer
Mississippi State Board of Health.

The transcript of the second "license" offering two reputable physicians as references, they were asked to testify:—

THE JOURNAL OF THE MISSISSIPPI STATE MEDICIL ASSOCIATION
VICKSBURG, MISS., Nov. 3d. 1904.

DR. J. W. VAUGHN, Potts Camp.

Dear Doctor:—A license to practice medicine filed by R. A. Holcombe in the office of the Circuit Clerk of Benton County, July 6th. 1903, bears your name as one who will certify to his moral character.

It having been stated that the license was fraudulently obtained will you kindly give us any information that will throw light on the matter and also state whether or not you can vouch for the character of the said R. A. Holcombe.

Very truly yours,
E. F. HOWARD,
Managing Editor.

POTTS CAMP, MISS., Nov. 11th. 1904.

I did not authorize the use of my name and will say that if he is guilty of the above charge of fraud—therefore his character is *not good.*

Very truly,
J. W. VAUGHAN M.D.,
Censor of Marshall Co.

A duplicate of the letter to Dr. Vaughn was addressed to Dr. Goode who replied as follows:—

MYRTLE, MISS., Nov. 12th. 1904.

E. F. HOWARD, Vicksburg, Miss.

Dear Sir: I am in receipt of your note of inquiry concerning the character of R. A. Holcombe, would say in reply, that I know *nothing against* him, as my acquaintance with Dr. Holcombe, is *very* limited.

Respectfully,
J. S. GOODE M.D.

ORIGINAL CONTRIBUTIONS.

*CARE OF THE NEW-BORN.

ALMA L. ROWE M.D.,
FOREST.

Gentlemen:—I might have chosen a more popular subject, but certainly not one of more importance, for I believe if we start the new-born aright, and teach the mother something of how to best care for her off-spring, we lessen the susceptibilities to disease later on in life, especially those of the first two or three years.

We too frequently hear this remark concerning a young child—"It has not been well since a few days after it was born."

My object to-day is to give a few practical points, concisely, not hidden by flowery rhetoric, ideas we all should put in practice, and I hope you will discuss them freely, so as to bring out the obscure ones, correct and add, too, any you may find I have slighted or omitted. I shall not reach beyond the first week or ten days of the new life.

As soon as the child is born I deftly turn it on its right side, at the same instant noting the tension of the cord, if necessary give a sharp, quick slap on the back, which generally brings "The yell." If not, my little finger is quickly inserted into the rectum which, by reflexes, will cause an attempt at respiration. If this fails I order warm cloths over the cardiac region. These stimulate the heart and often by removing them and allowing the cool air to strike the chest for a moment before replacing we will cause a shock to the peripheral nerves and bring about the desired result. If not, the cord is quickly ligated and warm bathing, followed by sprinkling with cold water, repeating process if necessary, will generally suffice.

Another way is to leave the cord intact, and as quickly as possible expose the maternal surface of the placenta to the atmosphere. So long as there is no respiration and the cir-

*Read before Scott County Medical Society, May 3rd. 1904.

culation through the cord has not ceased, the little one's life may be prolonged, thus giving us further opportunity.

It has never been my lot to do artificial respiration.

The hardest case I have had to deal with was a twelve pound boy, slowly born and consequently asphyxiated, and while I was waiting for the hot cloths I suspended him by the feet, gave a smart slap on the back, dropping him onto the bed and then repeating the process several times before he breathed satisfactorily. Rather rough treatment to be sure but it did the work, for which the father, a finely educated minister, congratulated me highly. However in our anxiety to save the child let us beware of being too rude or having the appearance of rudeness, or neglecting other duties.

The average child, I am glad to state, needs no such treatment, but comes with a bound and a "war cry." I toss it on to its right side as I have before stated, the motive being to assist in the closing of the foramen ovale, later telling the nurse "The *right* way is to keep the baby on *its right* side for at least twenty-four hours." This in the majority of cases is unnecessary but, to catch the necessary one, all are treated the same.

The cord is ligated, which I find is quickly and safely done by using the rubber funis-ring. A second ligature with any ordinary string is made, the cord cut between ligatures and the loop made by the ring—the piece of cord slipped out—baby wrapped in a warm blanket and placed where it will keep warm.

After the mother has been cared for I again turn to the child, which if covered with vernix caseosa is generously anointed with the yolk of an egg which is the best solvent I have found yet. If possible I leave the washing of the babe for several hours, to allow it to rest, but if this is not practicable I see it washed before I leave.

Of course because I am a woman I am frequently expected to wash the baby, but this I never do, unless it be under circumstances which would cause a physician of the opposite sex to do likewise. I tell them I am a physician and not a midwife nor a nurse.

The face is washed first, then the head, shoulders and upper limbs and quickly dried, all the time keeping a sharp lookout for any defects which may be. I never allow a

nurse to admire a baby much while bathing it, but keep her hurrying all the time. The upper part of the body is covered while the lower part is washed, dried and inspected.

The anus is seen to be perforated. The genitals, if a boy, are noticed as to the foreskin, whether tight or adherent, or easily retracted. If tight, I stretch it with a small haemostatic forceps and cleanse thoroughly. Keep oiled well for several days and as a rule find no further trouble. If a girl, the vulva is gently cleansed and seen to be normal.

Any defects, such as extra fingers or toes hanging as by a thread or if the tongue is bound—clip now, all of them. There are defects such as harelip, cleft palate, talipes, etc. which must wait several weeks.

Of course the baby must be weighed, and this is easily done by tying it in a strong cloth and weighing with a pair of pocket scales.

I usually wash the eyes myself as I have seen severe cases of ophthalmia neonatorum due to the careless way of washing the eyes. Always rub away from the eye and do it gently, yet thoroughly.

The upper part of the body is now dressed in warm clothes if possible, for many a baby is cross and fretful because it is not comfortably clad. More babies are ill and suffer from indigestion due to getting chilled during a bath or being thinly clad than from any other cause. A full stomach and warm feet agree very well, but if the feet are cold or baby has been chilled there is trouble ahead, ten to one.

Some mothers delight in ruffles and laces of all descriptions, which usually are rough and irritating. These I discard, especially during the first week or two of the little one's life. Here, too, let me say if I have the opportunity to help plan the wardrobe I advise all short clothes, with woolen stockings and moccasins from the first. None of the heavily trimmed long uncomfortable clothes for a baby if we want it to thrive in comfort.

We now come to the important point, that is dressing the navel. I have the stump well cleansed, then dust heavily with an antiseptic-absorbent powder, viz.: boracic acid and lycopodium, equal parts thoroughly mixed. I never use vaseline, lard nor any oily dressing. A piece of absorbent cotton about three by six inches with a hole in the center of

one-half through which the stump of the cord is passed, heavily dusted with the aforesaid powder, then the other end lapped over, is the *only* dressing.

I use no bands as a rule. More harm is due to the use of them than to their non use. Then again, I am called to see why a baby cries so much and I usually find a band snugly pinned with from four to six safety pins; comfortable things to lie on, aren't they? Is it any wonder the little fellow cries?

If the cotton on the navel gets rough I tell the nurse to slip another piece under the first, if it is loose remove it entirely and replace with a fresh bit. I admonish the attendant never to try to hasten the dropping of the cord by pulling or twisting it. Sometimes serious hemorrhage follows too early removal.

Adjusting the napkin is often faultily done. If properly put on it serves to hold the navel dressing in place—will not allow the pin to do damage to the navel or irritate the skin. I once saw a baby boy whose little sister had waited on him, one busy day, for the mother. The penis had a perforate ulcer about midway and an operation causing a great deal of trouble was needed to repair the injury.

The napkin should be adjusted in this way. Fold fourply on the diagonal, place long edge under baby's hips, fold one loose end across baby and lay the hand prone upon that as the other folds are lapped over and pinned through the center piece—allowing the pin to come through to the hand and out again through the center piece on a horizontal line to prevent it turning to a vertical line which may cause serious trouble by the end of the pin catching in the navel. As long as meconium is passing a greased cloth is placed inside of the napkin to prevent it sticking to the baby.

The corner of a large soft cloth is folded down a little way, put on over the napkin and the little feet wrapped in it, one in each side corner, and the center one pinned to the joining edges above. This leaves room for kicking and serves to keep the feet warm and the flannel from becoming soiled. It is necessary, I find, to be very explicit in my directions about these little tricks which add so much comfort, for if I am not my instructions are not carried out and there is trouble and suffering instead of peace and ease.

Now we are ready to present the little guest to the mother and give instructions as to its feeding. A new born child should not be put to the breast oftener than every six hours for the first forty-eight hours, or until the milk comes, then every two or three hours. There seems to be a craze to feed a baby every time it opens its mouth, and then old grannies—best wishes to them in their places—*will* fill it with catnip tea, biscuit or crackers and coffee, and I have seen the despicable sugar tit used in these cases, and never once do they think of giving plain water, which is what is wanted.

Many babies cry when passing urine and the napkin will be stained as if by a few drops of blood. These stains are due to uric acid crystals and perhaps a little blood, as the crystals may irritate the mucous membrane and cause slight bleeding. To correct this give the baby water, *water*, *water*.

Sometimes a very hearty baby must be fed before the mother has enough milk, then one-half teaspoonful of sweet cream with three teaspoonfuls of hot water and a very little white sugar make a nice substitute for mother's milk and if cautiously fed no serious trouble will result.

The premature babe must have especial care and treatment adapted to its individual needs. Likewise the monstrosities. My remarks refer principally to the child which usually comes under our care.

Surgeons at the Pan-American Congress.

Dr. Rudolph Matas, Secretary of Section of General Surgery for the United States, asks those who wish to contribute papers to send titles to him at No. 2255 St. Charles Ave., New Orleans. He also announces that the United Fruit Company's Agents are offering as a special inducement to American "Congresistas" a reduction of the regular fare for the round-trip from New Orleans to the Isthmus to $50.00, that is $25.00 each way. The steamers leave New Orleans every Friday: the last steamer to leave New Orleans in time for the opening of the Congress will sail on December 30th. 1904, at 11 a. m. It takes about four and one-half days to reach Colon and seven days on the return trip on account of a stop-over at Port Limon, where ample opportunity is given to tourists to visit San Jose, the beautiful capital of Costa Rica—"the Paris of Central America"—where the most picturesque tropical scenery can be seen at this season, under the most favorable conditions.

*OPERATION FOR RADICAL CURE OF INGUINAL HERNIA.

W. H. HARRISON M.D.,
TUTWILER, MISS.

In the performance of any surgical operation, even the most simple, such as incision of an abscess or the removal of a superficial growth, I contend that a knowledge of the anatomy of the parts to be cut into is a prerequisite to safe surgery.

I must take issue with those who would make light of anatomical relations and, in defense of their position, claim that it makes no difference whether the external oblique muscle lies just subjacent to the skin and superficial fascia or not, in performing an abdominal section.

It is a fact that you must go through these tissues; and it is not only imperative that you know them, but you must be able to tell *when* you reach a certain muscle; its blood and nerve supply; its various attachments and the course of its fibres.

The principle muscles of the lateral walls of the abdomen are arranged in superposed strata and are three in number; and are, after the direction of their fibres, called the external or descending oblique, the internal or ascending oblique and the tranversalis.

The tendinous expansions, or aponeurosis, of these muscles are very strong in front and disposed or arranged so as to form sheaths for the recti, which extend on each side of the median line from the sternum to the pubes.

One of the most important operations of advanced sursurgery is that of Herniotomy and you will readily see how important an operation it is when you consider that fully one person of every seven is ruptured, some authors claim a greater number, and as you fully realize how quickly and how easily this terrible disability can be relieved, by an operation that was once looked upon as well nigh impossible or at least fraught with great danger.

The operation, in skilled hands, is now considered a safe one; and the chances of a cure are most excellent.

Take Poupart's ligament as your guide, remembering

*Read before the Clarksdale and Six Counties Medical Society.

it is that part of the external oblique which stretches from the anterior superior spine of the ilium to the pubic spine.

After designating the ligament, you make your incision parallel to and about a finger's breadth above it, beginning at a point on a level with the anterior superior spine; you cut obliquely down from that point to the center of the external ring. You carry the incision rapidly until the tendinous expansion of the external oblique is exposed, to a distance of nearly or quite three inches. A grooved director is then passed through the external ring, just beneath the aponeurosis; and the aponeurosis is cut from the external upward to about one inch above the internal ring. The cut edges of the aponeurosis of the external oblique is now pulled up by forceps and dissected from the underlying muscles as far as the edge of the rectus internally and externally; until the shelving portion of Poupart's ligament has been brought into view.

The sac and cord are now isolated; which is best done with the finger.

The cord and its vessel are separated from the sac with the fingers, or handle of a scalpel, and after carrying the separation high up within the internal ring the sac is opened and its contents examined. If we find adhesions they must be separated; and the thickened omentum is excised. The sac must now be either ligated or sutured above the internal ring where it merges into the general peritoneal cavity.

We now pass a piece of gauze beneath the cord and hold it up, retract the aponeurosis of the external oblique and introduce beneath the cord from four to six buried sutures of kangaroo tendon. They are best introduced from within outward. These sutures sometimes take in the edge of the rectus, according to the size and extent of the rupture, the internal oblique and transversalis and the transversalis fascia on the inner side, and include the deep shelving portion of Poupart's ligament on the outer side, and the lowest suture should take in the conjoined tendon.

The cord is now dropped back on its new bed and the aponeurosis of the external oblique is closed over it by sutures extending as high up and as low down as possible without undue constriction of the cord. Closing the skin wound with interrupted sutures and applying a dry antisep-

tic dressing and pressure by adhesive strips, completes the operation.

This sounds simple, and is quite so when we know the anatomy of the parts, but I must warn you against accidents in this operation. Be very careful, dissect as much as you can with the finger or the handle of the scalpel, and remember that there is a vast difference between a vas deferens and no vas deferens. And while you should at all times essay to make as small a cord as possible, and should always remove all superflous fat, you should be careful that a slip of the knife or a misdirected cut does not divide some one of its contents.

The first number, October 1904, of The American Journal of Urology, published by The Grafton Press, 70 Fifth Avenue, New York, and edited by Dr. Henry G. Spooner of New York, has been received. Articles by Dr. Howard Kelley of Baltimore, Dr. Winfield Ayres of New York, and Dr. Ferdinand Cathelin of Paris, all eminent in the field of Genito-Urinary diseases, constitute the leading features in this number, together with a liberal number of abstracts of interest to Genito-Urinary specialists. The fact that The American Urological Association and several other Genito-Urinary organizations have appointed this journal as their official organ, assures us that it will be a valuable addition to medical literature. The editorial board consists of the following well-known physicians: Arthur Bevan, M.D., of Chicago; Follen Cabot, M.D., of New York; A. E. Gallant, M.D., of New York; Orville Horwitz, M.D., of Philadelphia; Howard A. Kelly, M.D., of Baltimore; Gustav Kolischer, M.D., of Chicago; Robert T. Morris, M.D., of New York; William H. Porter, M.D., of New York; Robert Bruce Preble, M.D., of Chicago, and Hugh H. Young, M.D., of Baltimore.

The magazine, in addition to its worth from a medical point of view, is handsomely gotten up, and taken altogether is a credit to both editors and publishers. There has long been a demand for an exclusive Genito-Urinary journal, and if the standard which characterizes the first number is continued, The American Journal of Urology will be considered the leading organ in this field in America.

The subscription price is $3.00 a year; $3.50 for foreign countries.

* UNCINARIA AMERICANA.

H. M. FOLKES M.D.,
BILOXI.

Mr. President and Gentlemen of the Harrison County Medical Society:

The subject selected for this paper is one of great interest to me, and while it is not new yet my own knowledge of it is so recent that I trust you will pardon the enthusiasm of a neophyte and bear with me while briefly presenting a few facts about this comparatively unknown parasite.

The hook worm (*Uncinaria Americana*) is about a half-inch in length, has its origin from an egg in the ratio of one egg-one worm, lives in the small intestine, is a blood sucker, producing some of its most manifest evil from minute hemmorrhages induced by its first biting and then moving from place to place on the mucosa. These worms lay eggs which must pass out of the body to mature, this event taking about twenty-four hours to complete, after which it sheds its skin twice and is then ready to infect, which it usually does through the mouth, by means of infected water or food, or from the hands, though infection may occur through abrasions or cuts upon the feet or legs; in fact it is now claimed that ground itch is a form of the disease, the larvae finally reaching the intestine.

This little worm has its habitat in tropical and sub-tropical regions, extending from Virginia down through the entire South, and on into Central and South America. It flourishes best in sandy soil, and among that class of people whose occupations brings them into contact with damp soil or sand, such as well diggers, brick makers, farmers, children, etc. It thrives best in summer, probably owing to the atmosphere being warm, and the further fact that so many more laboring people are apt to be barefoot and drink more water which may be contaminated. Whites are more susceptible than blacks. Women and children contract it oftener than do men.

Bearing in mind that its essential lesion is loss of blood, our minds at once revert to symptoms usually presented by

* Read before the Harrison County Medical Society.

that condition. Of late, however, it has been suspected that an infection must occur, as all of the usual symptoms can hardly be accounted for by hemorrhage alone.

Considering what loss of blood means, the proper consideration of symptoms should lead us to consider at what age infection takes place and what would be the results from an infection in early life, after puberty and at maturity. On this basis, we know that in a young child loss of blood would mean underdevelopment all along the line, such as diminished height, rudimentary genitalia, lack of hair over the *mons veneris* or pubis, small breasts on the female, pale mucous membranes, rapid and feeble heart beat, shrunken thorax, bloated face, oedematous extremities.

In an older child, ulcers of long standing often appear on the legs, and in females menstruation usually appears only in the winter. They have a stupid appearance, with irregular teeth, dilated or easily dilated pupils and a staring appearance of the eyes, reminding one of a fish, with protuberant abdomen, small legs and sloping shoulders. Bear in mind that in a grown person many of these symptoms would not appear, as development would have already been attained. Another thing to bear well in mind is the number of worms one may have.

All of these points go to govern the gravity of a case, which may be said to range from mild to severe, owing to extent of infection, age of individual, duration, etc.

Diagnosis is simple, consisting in the finding of an egg in the stools or, if suspected, the presence of the worm.

Prognosis is practically always good, if patient is seen in time and the diagnosis made.

Treatment consists of an initial dose of calomel or castor oil, followed in about twelve hours by from twenty to thirty grains of powdered thymol, preferably given in two capsules, to be followed in two hours by a good dose of Epsom salts or oil. After complete evacuation of the parasites, follow with a good blood-making tonic. It may be necessary to several times repeat the thymol treatment before a thorough evacuation of the worms is had.

In closing, I would warn you to be careful as to the diagnosis, for while it is simple and easy when you know how, it becomes a serious matter when you don't, as I have

found to my sorrow, for it was my misfortune to lose a little patient, a consultation case, where I was called in to aid in making a diagnosis and did not make it, though in this especial case, the patient would have died anyhow at the time I saw him. When you hear of cases of clay eating, or chlorosis, or chronic malaria occuring in a family who work much in the open air and live in a damp or sandy place, keep your eye open for Uncinariasis.

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*THE TREATMENT OF TYPHOID FEVER.

R. B. STAPLETON M.D.,
HATTIESBURG.

Within the last quarter century in the treatment of typhoid fever, there has, perhaps, been greater progress than in that of any other disease. Only a few years ago nearly all typhoid fever patients suffered from a low muttering delirium; dry, parched, and fissured tongue with disgusting sordes upon the teeth; complete loss of appetite, digestion and assimilation; and the emaciation was painful to behold. Then complications such as cerebral engorgement, meningitis, pneumonia and heart failures were much more frequent, as were also distressing hemorrhages and perforations, and the rate of mortality was much greater than at present.

Twenty years ago the conditions described above were the rule; now, owing to a better knowledge of the etiology, pathology and treatment of the disease, the above conditions are the exceptions, rarely ever seen.

Up to a few years ago, no physician hoped, by any means at his control, to be able to abort or cure typhoid fever; but now many physicians may be found in the ranks who make no hesitancy in boldly stating that a great many cases can be aborted or cured: among whom I am one.

In the treatment of typhoid fever, there are four important indications to be met and maintained throughout the febrile stage.

* Read before the Perry County Medical Society.

1st. Secretions should be aroused and elimination established and maintained.

2nd. The alimentary canal should be, as near as possible, kept in an aseptic condition.

3rd. The temperature should be held in safe bounds.

4th. The patients strength should be sustained and fostered.

The question that confronts us is how can we meet these indications? In the beginning of an attack, I usually order calomel in one-half or one grain doses, repeated every hour until four to six grains have been taken, this to be followed by a liberal dose of castor oil. Usually this will be sufficient to awaken the secretions and establish free elimination; then I maintain free elimination throughout the attack by repeating the oil every morning and, when necessary, also in the afternoon. As a rule this will relieve many of the distressing symptoms: *i.e.* frontal headache, nausea, bone ache, etc. We all know that calomel is a good germicide, and that the typhoid bacillus breeds in the bowels and that its action is possibly increased and aided by the operations of the microorganism confined to the intestinal canal; it is therefore evident that we in some measure break up and destroy the focus of infection by the use of the calomel and oil. The mechanical purgative effect of the oil is only one of its many virtues, it is of itself a good antiseptic and soothes and heals the inflamed glands.

In meeting the second indication, there are various means being used. George B. Wood many years ago, without knowing it, introduced a valuable remedy which, to some extent, met this indication. I mean his introduction of spirits of turpentine. This was a long stride forward, and indeed was our very best remedy until a few years back. He still has numbers of devotees in the ranks. Then came the mineral acids, which were also good at their time. Then followed Liebermeister's iodine treatment, Wunderlich's calomel, Bartholow's carbolic acid and iodine and, more recently, Waugh's sulpho-carbolates, all of which have many points of virtue to commend them to the profession. We now have a safe non-toxic antiseptic and germicide that is infinitely superior to them all and which I have invariably prescribed with success for the last two years. I refer to acetozone. It

has the virtue of being both a better intestinal antiseptic and a safer one than any other yet discovered, and has also the power of an antipyretic to some degree.

My custom is, as soon as I have given the calomel and flushed out the intestinal canal with castor oil, to order the aqueous solution of acetozone, fifteen or twenty grains to a quart of water for an adult, and insist upon his taking a half glassful every three hours, and more if he is thirsty. I allow no water but this.

In a majority of the cases the above remedies will be all that one needs; and many of the patients will recover in three days, others within seven days, still others in fourteen days, while a few only will run to twenty-one days. I hope I will not be misunderstood in reference to those cases recovering in three or seven days. In order to thus early abort the disease, it will be necessary for the physician to have an even start with the fever and, unfortunately, this is never the case except where he is treating a case in a family and some other member is attacked while he is on the spot. With this advantage in my favor, I am sure that I have aborted many cases with the three above medicines.

Wherever these remedies are pushed, given for a specific purpose, the fever, if it continues, will run a low course, the patient will rest well, his appetite will remain good, digestion will be fair and assimilation fairly good. There will be no delirium, no sordes accumulated on the teeth and the lips. There will be no extreme emaciation, the patient will remain bright and cheerful throughout his illness and will make a good and quick recovery.

After a case of the fever has run for several days, the whole system saturated with the bacilli and their deadly ptomaines and the intestinal glands inflamed and ulcerating, we cannot hope to abort the fever, but if elimination is kept going with the daily use of the oil and a sufficient amount of acetozone is given much will be accomplished in the way of amelioration of the distressing and alarming symptoms.

Now and then we find a case in which the acetozone produces a gastric disturbance to the extent that we either have to suspend its use or combine with it to overcome the unpleasant effect upon the stomach. When this occurs with my patients, I order two or three drams of gum arabic and

one half to one ounce of peppermint water to be added to a quart of the aqueous solution and give in smaller and more diluted quantities, but oftener. In this way I rarely find a patient who cannot continue the remedy. However, there are cases who bear such idiosyncrasy to it that it will be necessary to discontinue it for a day or two. In such a case, I suspend the acetozone and order bismuth, salol, hydrarg. cum creta, and lactopeptine or ingluvin, *aa* dr. j, in twelve charts, one to be given every three hours. After these have been taken, the patient may be put back upon the acetozone in small and oft repeated doses.

In meeting the third indication, there are various means also used for this purpose. Some prefer sponging frequently with cold or tepid water, leaving the skin quite wet in order that the evaporation of the water on the skin will reduce the fever, others prefer the Brand method, the tub bath, others the ice packs. The two latter methods if injudiciously used are fraught with considerable danger. If the inflamed glands are in a sloughing condition, a condition that we can never foresee, cold baths and the ice packs are liable to cause dangerous hemorrhages and for this reason I steer clear of them.

A high, continuous temperature is a menace of such a grave character to life that we should never neglect this feature of the treatment. If allowed to run for only a few days, it will cause such blood and tissue changes that the patient will require a long time to recover from them. If after the cleaning up and cleaning out process the fever continues high, I give something to reduce the temperature. Some of the phenol derivatives or tincture of aconite and veratrum in small and frequently repeated doses, taking pains always to fortify against too much depression by the use of strychnia exhibited along with it. I have heard doctors say that these sedatives are too dangerous, but I contend and I know that judiciously administered, with the consequences closely watched, they are not half so dangerous as the cold baths or the ice packs. I know, too, that the patient has a much better chance to recover than if the state of hyperpyrexia is allowed to continue. I must admit that these valuable remedies have been much abused, but why discard a good thing because at some time it may have been pushed too far. The

physician who sticks to the oil and acetozone treatment will not often find it necessary to give antipyretics, for they will not be needed.

To meet the indications outlined under the fourth head of this paper it will be necessary to keep the patient as well nourished as possible without over-feeding. Nothing but liquids should be allowed. I prefer fresh butter milk to anything in the way of diet, next the broths of beef or chicken, elixir alimens, Ducro's Elixir, etc., but even these may be taken in quantities too great for the debilitated stomach to care for, and the ptomaines and autotoxemia will be increased. A half glass of butter milk every three hours, to be alternated occasionally with the broths and later on the Ducro's or elixir alimens, will be found sufficient in the way of diet. Strychnine, strophanthus and digitalin should be given when indicated. Insomnia should be met by hypodermatics of morphia occasionally at bed time. Complications should be watched for and, if possible, prevented. Cerebral engorgement and meningitis may be prevented by thorough elimination. Hypostatic congestion of the lungs and pneumonia may be prevented by maintaining the patient's strength and his heart's action and by requiring the patient to change his position from back to either side several times in each twenty-four hours.

Hemorrhages may be prevented by a careful administration of atropine and if a hemorrhage should occur our very best remedy is morphia and atropine administered hypodermatically. I have no faith whatever in ergot here; indeed, if it contracts the arteries and capillaries, thereby increasing blood pressure, it is actually contra-indicated. Adrenalin chlorid would seem to fit in here and no doubt would if it could be applied directly, but as this is impossible and as it also increases blood pressure I am not sure but that it is also contra-indicated. Morphia and atropine, fortified by glonoin, will meet the indications.

There is one other remedy that I always prescribe and that is chewing gum. It excites a healthy flow of saliva, keeps the teeth and mouth clean and gives the patient employment.

There are other details that should be looked after by the attending physician. The room should be well venti-

lated; the patient's clothes should be changed every day, the linen should be changed every second day and the mattress should be changed and well sunned twice a week. The patient's clothes, as well as those of the bed, should be boiled thoroughly as soon as removed from the patient or bed and all dejecta should be thoroughly disinfected and, when possible, burned. No one should be allowed to use the same glasses, spoons, knives, forks or dishes used by the patient until they have been thoroughly boiled. I think the room should be well fumigated after the patient is able to leave it. Some good tonic such as the following should be ordered after the fever has subsided: Tincture of Nux Vomica, four drams; Tincture of Cinchona Compound, four drams; Aromatic tincture of Rhubarb, one ounce; Elixir of Pepsin sufficient to make four ounces; of this a teaspoonful should be given after each meal.

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*PATENT AND PROPRIETARY MEDICINES.

R. C. ELMORE M.D.,
DURANT.

I desire to call your attention to a subject which is at present provoking discussion not only among the members of the medical profession but by the secular press as well, and to discuss some apparent inconsistencies in the present status and trend of therapeutics as applied to our every day practice of medicine. I wish to confine my remarks almost entirely to a consideration of the use of patent and proprietary medicines and to point out some mistakes which all of us as physicians are not only committing but encouraging or sanctioning when committed by the laity. I wish to say further that I among others have been guilty of some of the errors which I shall mention and that in some respects this paper is in itself a confession and a self condemnation.

It should be the aim of the medical fraternity to maintain a high standard of honesty, integrity and purity in every

*Read before the Holmes County Medical Society.

department, and while the profession as a whole seems to be advancing along all lines I think we are disposed to regard too carelessly the prevalent use of patent and proprietary medicines and are allowing them to be injected into our every-day materia medica to take a stand along with those of whose purity, strength, composition, physiological and therapeutic activity we have an accurate knowledge. We have no means at our command of ascertaining just how much patent medicine is consumed annually but we can form some conception of the enormity of the sales when we see drug stores with the shelves of one entire side reserved exclusively for patent medicines and when druggists tell us of the amount of which they dispose and when we see telegraph and telephone posts and the fronts and sides of stores and livery stables placarded and posted with conspicuous advertisements; and in the country, mile posts and trees at cross roads, fences, barns, and every available public place for informing the people of the magic power of some famous specific or some cure-all for the various aches and pains of humanity. Free almanacs are distributed with pictures of Before and After Taking; blanks are furnished to be filled out with information concerning the person and the disease by some imaginary and gullible victim. Further than this the mails come in for their share in distributing circulars, advertisements, testimonials and free samples.

The most exaggerated claims are made as to the efficiency of these remedies and is it strange that such statements are not without effect on susceptible individuals? As an example of this one instance will suffice. Not long since my attention was called to one Dr. Richmond's Samaritan Nervine—a remedy intended to cure not alone fits and all nervous diseases but also the defects of moral character. I quote verbatim a few of the absurd statements: "A bad temper can be treated just as successfully with a dose of medicine as a cough or a headache. Dishonesty in a servant need not be punished by discharging him—you have only to give him some of this marvelous medicine. If your son will not study his lessons at night do not send him to bed early or threaten him with more severe correction, but give him Samaritan Nervine for one week and he will become the most studious and diligent child in school. There is certainly no

end to the benefits which this remedy has conferred upon mankind. As a peacemaker it acts like magic. A wife who had for twelve years been abused and neglected by a morose and violent husband asked the doctor what she should do. He told her to put every day a few drops of Samaritan Nervine in his coffee; she did so and in a surprisingly short time the morose grumbler became a lamb-like, affectionate and docile spouse. When so simple a remedy is at hand there is no longer any reason why domestic discord should prevail. A miserly father refused to sanction the attentions of a poor but respectable young man to his daughter. The loving damsel surreptitiously inserted a few drops of the Nervine into her father's coffee at each meal and within a fortnight the stern old gentleman not only acquiesced in the lovers' marriage but gave the bride a handsome dowry."

A reliable chemist made an analysis of a $1.50 bottle of the Nervine and found it to contain the following:—Bromide of Potash and Sugar, of each one ounce; Caramel, twenty drops; Water, five ounces; Oil of Cassia, twenty drops.

Numerous other instances could be cited, equally absurd, but we are all familiar with them. When we come to an analysis of these remedies and cure-alls we find nothing new in their makeup. Many of them contain some sedative, which is some form of opium in the majority of cases. This as we readily see gives the patient a sense of security and well being soon after its ingestion and deludes him into the belief that this medicine is curing him after all the doctors had failed.

I have a list of some of the more common patent medicines with analysis of their ingredients compiled by Charles W. Oleson M.D. under the title of "Secret Nostrums and Systems." Among them I find the following to contain morphine or other form of opium: Chlorodyne, Bull's Cough Syrup, Boschee's German Syrup, Ayer's Cherry Pectoral, Piso's Cure for Consumption, Pierce's Golden Medical Discovery, King's New Discovery, Perry Davis's Pain Killer, Good Samaritan Cough Syrup, Elixir Pinus Compound, Mrs. Winslow's Soothing Syrup, St. Jacob's Oil, and Shiloh's Consumption Cure. Potter, in his Materia Medica and Therapeutics, Ed. 1901, page 816, quotes the American Journal of Phar-

macy as stating that the loss of life from overdosing with cough mixtures, paregoric or the soothing syrups so much used for quieting children amounts to the enormous figure of 150,000 annually. I find that the majority of the so-called alteratives and blood purifiers contain Iodide of Potash, and the bitters and tonics all contain alcohol. Edward Bok, Editor of the Ladies Home Journal, in a recent editorial, stated that the Massachusetts Board of Health had examined a large number of patent medicines to determine the percentage of alcohol in them. I mention some of the most common: Brown's Iron Bitters, advertised as "perfectly harmless" and "not a substitute for whiskey", 19.7 per cent.; Baxter's Mandrake Bitters, 16.5 per cent.: Drake's Plantation Bitters, 33.2 per cent.; Flint's Quaker Bitters, 21.4 per cent.; Hostetters Stomach Bitters, 44.3 per cent.; Warner's Safe Tonic Bitters, 33.7 per cent.; Faith Whitcomb's Nerve Bitters, 20.3 per cent. Other analyses show that Lydia Pinkham's Compound contains about 15 per cent. alcohol. The percentage of alcohol in Peruna is variously estimated from 25 per cent. to 40 per cent., but we should bear in mind that whiskey has only from 44 per cent. to 50 per cent. by weight of alcohol. In speaking of Peruna, however, it might be interesting to add that I am informed on reliable authority that the manufacturers offer $5.00 for photographs of prominent men and women to be used in their advertisements. In Cuticura Resolvent, whiskey is said to be the solvent and menstruum for Iodide of Potash, Rhubarb and Aloes. In McLean's Strengthening Cordial, eighteen ounces of a coarse powder of Gentian root, Columba root, Bitter Orange peel, etc., is percolated with seven pints of whiskey and to this is added one pint of glycerine.

Again, to notice another class of preparations: Febriline, with which we are familiar, and which claims to be a tasteless syrup of amorphous quinine, is said to contain no quinine at all but quinidine, another alkaloid of cinchona bark, which is described as follows in the National Dispensatory, edition of 1870, page 1181: "Quinidia is not officinal. Being very slightly soluble it should be administered in mucilage or syrup. Its lack of bitterness renders it convenient for administration to Children and its imperfect solubility is not disadvantageous when a slow or tonic action alone is re-

quired". So much for patent medicine. While some few of them may possess merit and virtue commensurate with their reputation and their claims, and while some of us may prescribe them or sanction their use, we readily see that the safest plan is the keep aloof from them. It is by no means an uncommon occurrence for physicians to dismiss an inquiry for advice by saying: "Get a bottle of Groves' Tonic for your child," or a bottle of "Wintersmiths" or "Hughes Chill Tonic". We all know that cinchona is the most powerful antiperiodic and anti-malarial agent known, it matters not what preparation is used. So instead of prescribing Groves' Tonic or Febriline for a child we should make a solution of quinine in Syrup of Yerba Santa and have a preparation in which the disagreeable taste is completely disguised and have the satisfaction of knowing the exact dosage and chemical purity of our prescriptions, and furthermore get rid of the sickening, nauseous effect of the syrupy mixture of Febriline or Groves' Tonic.

We now come to a consideration of proprietary medicine; those prepared exclusively for the physician's use and to be used only upon the physician's prescription. In the use of the majority of patent medicines the physician is not directly responsible. They are usually purchased independently of his advice and we cannot charge that he is directly responsible for their wide spread use. But it is a fact which we will all admit that in many of the so-called proprietaries the same methods of advertising are used and the same exaggerated claims as to their wonderful efficiency are in vogue, modified of course to meet the class of people to which they are directed. Men of ability for years past have made tests and experimented upon both man and the lower animals to determine the strength, purity, physiological and therapeutic activity of every known drug. They have made known the results of their findings and warned us of all unpleasant or toxic effects we may expect, telling us not only the good but also the bad. And now some man who has probably failed to make a success as a physician, or some physician who is not making money fast enough, becomes dominated by a spirit of commercialism, originates a combination of some two or three drugs, gives it a euphonious name, begins to manufacture it on a large scale, advertises it extensively and

his fortune is made. As an example we take Antikamnia. It has been demonstrated time and time again by expert chemists that it contains absolutely nothing but acetanilid (the cheapest of the coal tar derivatives) caffein and bicarbonate of soda. Physicians have not only prescribed it but patients have learned to buy it by the box, until a few years ago it was no uncommon occurrence to find lady patients especially, who where sufferers from headaches and neuralgia, who would tell you that they had taken Antikamnia until they were blue and cyanosed and until their pulse became weak and feeble with all the symptoms of acetanilid poisoning. Many such cases with alarming symptoms may be noted by reference to the literature and no doubt many such were never reported. We are taught that all the coal-tar derivatives inhibit the oxygen-carrying power of the red blood corpuscles and when used for any period of time to the extent above mentioned we can readily see what a baneful effect it must have on the blood and constitution generally. Aside from this it has been estimated that the ingredients cost only about three cents per ounce and it sells wholesale for one dollar. This is but one example and there are many others. Pheno-bromate has been shown to contain acetanilid and bromide of potash; Phenalgin, advertised as Ammoniated Phenyl-acetamide, contains acetanilid, ammonium carbonate, bicarbonate of soda and caffein. Ammonol is also advertised as an Ammoniated Phenyl-acetamide. An analysis of this drug by Beringer proves that it contains only acetanilid two parts, bicarbonate of soda one part and ammonium carbonate one part, with a minute quantity of a yellow anilin dye. A similar mixture is said to be used at the Philadelphia Hospital under the name of Ammoniated Acetanilid and consists of acetanilid two and one-half grains, bicarbonate of soda one and one-half grains, ammonium carbonate one grain—this for a minimum dose.

Let us take some of the more "ethical" preparations. Liquid Peptonoids is advertised extensively in all the leading medical journals. The mails a few years ago were flooded with literature containing testimonials and extolling its virtues, claiming that it contained the albuminoid principles of beef, milk and wheat and asserted to produce immediate and pronounced effects in cases of feeble digestion and wasting

disease. Dr. Wm. J. Robinson of New York City, in a paper read at the fifty-fourth session of the American Medical Association in New Orleans last year, stated that the maximum amount of this preparation recommended for an adult in one day will yield less than one ounce of nutriment and the alcoholic equivalent of three and one-half ounces of whiskey. Analysis shows, according to him, 23.03 per cent. by volume of alcohol, 14.91 per cent. total solids and 0.17 per cent. mineral matter. Hemaboloids, the advertisements of which we have all seen, the charts having come to us in the mails showing the enormous increase in red blood cells under its use, claims to be a "palatable fluid food partially digested and made aseptic and more assimilable by treatment with nuclein, rich in iron and phosphorus producing elements reinforced by bone marrow extract and beef peptones." According to Prof. Harrington of Harvard University, a careful analysis has demonstrated the total absence of nuclein or bone marrow and further that the preparation is nothing more or less than an alkaline one-per-cent. solution of iron peptonate in a vehicle of alcohol, glycerine and water, flavored with spirit of orange. It contains 16 per cent. alcohol (stronger than the ordinary wine) and the maximum daily dose recommended yields about one-fourth ounce of actual nutriment and the alcoholic equivalent of one and one-half ounces of whiskey.

There is another class of products about the composition of which no assertions are made. Antikamnia and Phenobromate above referred to belong to this class. The proprietors simply advertise their products, tell us to use them, that they produce wonderful results and all that is necessary is to order in original packages and use according to directions. To this class also belong such as Thialion, Respiton, Neurilla, neurosine, Dad's quinine pills, Manola, Ecthol, Seng, Chionia and a host of others. The proprietors of all these preparations hint vaguely at their composition but print page after page advertising them as specifics in certain conditions and give a list of testimonials which if true would establish the reputation of any product. I do not mean to condemn the use of all proprietary drugs. Some are excellent combinations, but they are usually manufactured by a reputable house and the exact chemical formula attached, so that the physician may know exactly what he is prescribing.

With all the facts in the case and the growing tendency toward self prescribing, counter prescribing by druggists and

careless prescribing by physicians, the question arises as to our duty in the premises. The physician owes a duty both to society and himself in this matter. True it is not within our power to prevent individuals from dosing themselves with all kinds of drugs and nostrums, but we can at least discountenance it when opportunity affords, abstain from it ourselves and in prescribing for the sick endeavor to have a reason based upon its physiological action for every article which we employ. Potter claims that a thoroughly prepared materia medica of one half dozen standard drugs, such as aconite, arsenic, belladonna, mercury, opium and quinine, based upon their actions and uses in different doses and under different states of the organism, would be of more real value to the physician who wishes to do his work accurately and with his eyes open than all the contents of the Dispensatories plus the entire literature of the "new remedies". We certainly do the patient an injustice if not actual harm often-times in prescribing remedies of whose composition we have only a vague idea. It is a well known fact that many, if not the majority, of the acute infectious diseases run a definite and specific course, the natural tendency being toward recovery. No doubt many of the vaunted so-called "specifics" owe their reputation to this wise provision of nature, and it is a pitfall which we should avoid to give certain measures credit for the favorable termination of many diseases when in all probability a patient would recover "in spite of the treatment".

This is indeed a broad subject and one of vast importance; and I hardly think we can realize too keenly our responsibility in these matters. It may be that some of my views appear radical, but if by this means we can awaken some interest along this line and elicit a free discussion, much good may be accomplished. I had intended discussing in this connection the prevailing tendency toward the use, or rather misuse, of certain narcotics and intoxicants such as Bromidia and cocaine, the rapidity with which the laity are learning the use of the hypodermatic syringe, and the relation of the physician to these conditions, but I fear I have already taxed your patience.

Thanking you for your attention, I will not ask your further indulgence.

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

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The Transactions are now in the hands of the members and we believe that they will bear out the promise of an improvement on last year's job. The credit of this is due principally to the printer and secondly to the secretary, who revised the roll of members and the minutes, and to Dr. H. H. Haralson, who read proof on the papers. In every instance the authors of papers have had proofs submitted them for the final corrections and in the majority of cases they have availed themselves of the opportunity. This reduces the number of errors to a minimum and makes the work much more satisfactory.

The editor is informed that heretofore the work of getting out the Transactions has been the work of one man, the secretary, and that the Committee on Publication was a committee in name only so far as the other members were concerned. He therefore desires to thank the other members of the present committee for the interest they have shown and the valuable assistance they have given. Some other officers and members have also been called upon, to a lesser degree, for advice and assistance and have responded readily. To them, also, thanks are due.

The omission of the Constitution and By-Laws was at the suggestion of the secretary, which suggestion was approved by the other members of the committee, and whereever a point arose as to the propriety of omitting a paper presented for publication, the matter was submitted to the committee and a majority vote prevailed. In the only instance in which the other members were divided, the editor's vote was cast by President Mitchell, as being better able to express the opinion of the Association.

COUNTY SOCIETIES.

Clay—Oktibbeha County Medical Society met in Starkville Thursday, November 3rd. After a sumptuous dinner provided by the local fraternity the society repaired to Dr. Eckford's office for the transaction of business. There were eight of the twenty-one members of the society present. As there is a great diversity of fees over these counties, the subject was taken up and discussed in an effort to equalize and regulate them and a schedule was ordered prepared for adoption at the next meeting. It was decided that the regular meetings of the society should be on the fourth Thursdays in March and September in Starkville, and the fourth Thursdays in June and December in West Point. The society then adjourned to meet in West Point December 29th. All members of the profession in Clay and Oktibbeha counties are earnestly requested to be present at this meeting.

Pike County Medical Society met at McComb Nov. 18th. with President C. H. Bates in the chair and Drs. W. W. Robertson, J. H. Plunkett, J. E. Stennis, E. W. Flowers, T. Simmons, O. B. Quin, Thos. Purser, W. D. Jones, E. R. Gordon, W. H. Bates, L. D. Dickerson and H. L. Bauer in attendance. The meetings of this society are full of interest and are enjoyed by all. The next meeting will be held at McComb December 15th.

Scott County Medical Society met September 6th. in Forest with President V. M. Neal in the chair and Drs. E. J. and Alma Rowe, W. H. Pevey, J. J. Haralson and W. C. Anderson in attendance. Dr. Edwards, being engaged in professional work, could not be with the society and therefore sent his paper which was read by the secretary and discussed by all present. Section I, Article III of the Constitution was amended to provide for quarterly meetings, to be held at 2 p. m., the first Tuesdays in March, June, September and December. Dr. V. M. Neal will be the essayist at the December meeting.

Warren County Medical Society held its regular monthly meeting November 8th. Dr. Haralson presented "A Report Of A Case" and Dr. Bell "A Report Of Three

Months Service In The Eye, Ear, Nose And Throat Department Of The Mississippi State Charity Hospital." At the next meeting, December 12th., there will be a discussion of the business affairs of the profession in the county, to be opened by Drs. Waldauer and Kiger.

BOOK REVIEWS,

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, otology, rhinology, laryngology, hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Volume III. series 14. J. B. Lippincott Co., Philadelphia. Price $2.00.

The contents of this issue is chiefly notable for an excellent symposium on syphilis, a subject of interest to every practitioner since it is met in all classes of practice. One article on "Syphilis and Suicide," by Dr. Fournier, discusses a detail too little considered. The section devoted to gynecology discusses "Non-operative Treatment of Disorders of Menstruation," "Hemorrhage At And After The Menopause" and "Some Remedial Agents In The Treatment Of Gynecologic Affections," all worthy of careful study. The other papers are well up to the high standard of previous issues

The Practical Medicine Series Of Year Books, comprising ten volumes on the year's progress in medicine and surgery. Issued monthly, under the general editorial charge of G. P. Head M.D., Professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. The Year Book Publishers, 40 Dearborn St., Chicago. Price of series $5.50; single volumes $1.00.

Vol. VIII. Materia Medica and Therapeutics, Preventive Medicine, Climatology, Suggestive Therapeutics, Forensic Medicine, Edited by Drs. G. F. Butler, H. B. Favill, Norman Bridge, D. R. Brower and H. N. Moyer.

Vol. IX. Physiology, Pathology, Bacteriology, Anatomy, Dictionary, Edited by Drs. W. A. Evans, A. Gehrmann and Wm. Healy.

Vol. X. Skin and Venereal Diseases, Nervous and Mental Diseases. Edited by Drs. W. L. Baum and H. T. Patrick.

Well compiled year books are a great convenience to a busy practitioner, giving abstracts of the advance work in the profession and obviating the necessity of wading through the great masses of literature offered daily. The especial feature of this series is the arrangement in several volumes,

which not only enables the purchaser to select a special volume in case he does not care for the entire series but enables the abstracter to devote more space to a given subject without the fear that the resulting volume will be too bulky to handle. The result is that the purchaser gets more and fuller abstracts. The general appearance of the books is excellent, being neatly bound in cloth and otherwise well-made, making a good appearance in the library.

A Compend Of Medical Latin designed expressly for elementary training of medical students by W. C. St. Clair A.M., Professor of Latin Language and Literature in the Male High Schools of Louisville, Ky. Second Edition, Revised. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00.

Ordinarily we condemn compends without qualification since their use tends to abridge the knowledge of the user, but so many of our practitioners have a scanty or no knowledge of Latin, as the files in any drug store will show, that we cannot refrain from advocating the use of this little volume. While by no means would we suggest that the physician's knowledge of Latin should be limited to what it contains, still there are many who cannot go further who will find it considerable assistance.

Manual Of Serum Diagnosis by Dr. O. Rostoski, University of Warburg. Authorized Translation by Dr. Chas. Bolduan. Jno. Wiley & Sons, New York. Price $1.00.

In this day of accuracy, when a knowledge of sera has become one of the requirements for accurate diagnosis, we are glad to find Dr. Rostoski's work put into a language understood by all. It will be found of interest even to those who are not laboratory workers and to those who are it will be useful.

The Physician's Visiting List, 1905. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00.

That this visiting list is appreciated by physicians is amply attested by the fact that this is its fifty-fourth year of publication. In addition to the blank pages for accounts, it contains a calendar, a table of incompatibilities, a reference table for treatment of poisoning, a description of the treatment of asphyxia and apnoea, a table for calculating the period of utero-gestation and a well arranged dose table.

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ORIGINAL CONTRIBUTIONS.

THE MICROSCOPIC DIAGNOSIS OF GONORRHOEA.

J. B. McELROY M.D.,
MEMPHIS, TENN.

Gonorrhoea has been known for a very long time. Judging from some of the sacred writings, no doubt some of the patriarchs of Israel suffered from the disease. Since that time it has been confounded with syphilis by the profession as well as the laity. And many notions have prevailed regarding the disease until the discovery of the gonococcus by Neisser in 1879.

It has only been within recent years through the researches of Bumm, Wortheim, Young, Harris and others, that the gonococcus as a general pus producer has been known.

It has been found as a cause of suppuration in various localities other than the genito-urinary tract.

[1]It has been demonstrated as a cause of ophthalmia neonatorum, arthritis, tendo-synovitis, perichondritis, subcutaneous abscess, salpingitis, pelvic peritonitis, adenitis, pleuritis, endocarditis, septicaemia, acute and chronic cystitis, pyonephrosis, and diffuse peritonitis.

Not only on account of the pathogenic possibilities of the gonococcus is it desirable to arrive at an accurate diagnosis, in order that proper treatment may be instituted, but not

1 Contributions to the Science of Medicine by pupils of Dr. Welch, 1900.

infrequently it is a matter of great importance for sociological reasons to make an accurate diagnosis of the disease.

It is true that when a patient presents himself complaining of an urethral discharge, claiming that it is the result of overstraining, we can usually tell what kind of a breech he has been straining in. Yet undoubtedly urethritides occur presenting the clinical symptoms of gonorrhoea which are not due to the gonococcus.

Upon one occasion, I had a preacher to apply to me complaining of a discharge from the urethra. All efforts to identify him as the one against whom the precocious youth had a grievance proved futile. Nor did pus from the urethra, examined microscopically, show the presence of the gonococcus. Not infrequently, I have seen urethritides yield in a few days to treatment. Almost invariably, the discharge from these cases have not shown the gonococcus, and almost all claps which get well in two or three days are not specific.

[2]Johnston has shown that non-gonorrhoeal urethritis is due to the Pseudogonoccus of Heiman, to the staphylococcus, to the streptococcus, to uric acid and to the toxins of various bacteria. So as pointed out above, it becomes a matter of great importance to detect the gonococcus in the diagnosis of gonorrhoea from a therapeutic as well as sociologic standpoint.

In acute specific gonorrhoea it is not difficult to demonstrate the gonococcus.

The glans penis should be cleansed and a small drop of the discharge expressed from the urethra and collected on a slide and evenly spread upon same. Three smears should be made and fixed by heat. The first should be stained with one per cent. aqueous solution of methylene blue, and examined with 1-12 inch oil immersion lens. If biscuit shaped diplococci in pairs or groups of four are present within pus cells outside of the nucleus and the patient has laid himself liable, it is probable that these are gonococci. However, one could not state positively that they are. Heiman's coccus, streptococci, staphylococci and other organisms occuring in the genito-urinary tract might present a a similar appearance. So the second smear should be stained

2 Journal of Cutaneous Medicine and Genito-Urinary Diseases, 1902.

by Gram's method. The smear is treated with Koch-Ehrlich's aniline water solution of gentian violet for three to five minutes, washed in water, covered with Lugol's solution one to two minutes, and then decolorized in absolute alcohol and examined as before. If the diplococci have decolorized, the chances are ninety-six in one hundred that the organisms are gonococci. It is well to treat the third smear in a similar manner and color-stain with bismarck brown. The gonococci may thus be differentiated from streptococci, staphylococci and other pus organisms which do not decolorize by Gram, and appear blue-black whereas the gonococcus appears brown.

For ordinary clinical purposes this differentiation may be relied upon, but when a medico-legal point or the happiness of the marital relations are involved cultural methods should be resorted to. The gonococcus does not readily grow upon ordinary culture media, which distinguishes it negatively from other organisms with which it may be confused as regards morphology, position and staining characteristics. It may be readily grown upon hydrocele fluid agar after the manner described by Young in Dr. Welch's [3]Festschrift.

In subacute and chronic gonorrhoea it is not always possible to demonstrate the gonococcus. Still here the microscopical examination of the discharge may be of assistance. There are three conditions characterized by chronic urethral discharge to be differentiated, viz: gleet, prostatorrhoea and urethrorrhoea. The following points which have been taken from Christian[4] will clearly differentiate these conditions.

In gleet, there has been a history of urethritis, epididymitis or prostatitis; the microscopical appearance shows a yellow or yellowish gray discharge, glueing the lips of the urethra together and distinctly staining the linen. The microscope shows pus cells, epithelium, fibrous shreds and occasionally gonococci; sexual intercourse and alcohol increase the discharge; the urine may be clear or cloudy, containing clap shreds and pus.

Prostatorrhoea may not necessarily be of venereal ori-

3 Loc. cit.

4 The American Journal of the Medical Sciences.

gin, there may be history of sexual or self abuse; the discharge is milky white, appearing during sleep or on heavy exertion or straining at stool, does not glue the meatus together; the microscope shows *no pus*, but characteristic prostatic fluid, containing corpora amylacae and refractive corpuscles; sexual intercourse and alcohol have no effect upon the discharge; the urine is clear and contains small comma shaped hooks.

In urethrorrhoea, there has been a history of chronic gonorrhoea and a practice of stripping the urethra; there is an appearance simply of moisture in excess at the meatus; the microscope shows no pus, only epithelium and mucous; there is no effect after sexual intercourse and it is often improved by the occasional use of alcohol; the urine is clear.

In concluding this very short paper, I desire to emphasize the grave pathogenic possibilities of the gonococcus, therefore the importance of an accurate diagnosis and that in ordinary clinical work, the morphology, position and staining reactions, all of which however must be applied, may be relied upon. But in medico-legal cases and discharges from the the vulvo-vaginal tract these measures should be supplemented by cultural methods.

May Recover Damages for Second Miscarriage.

The Court of Civil Appeals of Texas says that, in Rapid Transit Railway Company vs. Smith, the wife of the latter party was injured, June 8, in a collision of cars. She was pregnant at the time; and the accident caused her to miscarry the next day. In the following November, having again become pregnant, she miscarried again, which the physician said was the probable result of the accident; and the court does not think that the allegation of a second miscarriage, November 15, was too remote for a recovery.—*Journ. A. M. A.*

Cuban Yellow Fever Report Denied.

Dr. Carlos Finlay, chief of Department of Health and Sanitation, Havana, is reported as saying that in three years only one case of yellow fever has occurred in Cuba, while Dr. Delgado, also of Havana, disclaims any knowledge of yellow fever cases this year, except in six persons who arrived from Mexico and who were immediately isolated. Of these, two died and the others recovered.—*Journal A. M.* A

*SCURVY.

H. L. SUTHERLAND M.D.,
ROSEDALE.

Scurvy, once the dread of sea-faring men, is becoming a rare disease, and is seldom seen except among the children of the poor, in the crowded and unsanitary quarters of the larger cities.

Osler defines it as a "constitutional disease, characterized by great debility with anemia, a spongy condition of the gums and a tendency to hemorrhage." The theory that it is infectious is held by some good authorities, but bacteriologists thus far have failed to find its micro-organism and there is no condition of the blood characteristic of the disease.

Under the chapter heading "Blood Destruction And Hemorrhagic Diseases" Cabot places Purpura Hemorrhagica, Scurvy and Hemophilia. To the average clinician it appears to be more a diathesis or condition subsequent to a disease marked by a pronounced hemocytolysis. There are many diseases which bring about this condition of the blood and when confronted with the usual symptoms of scurvy it is not always an easy matter to say whether we have the distinct disease entity, called scurvy, or a condition of anemia brought about by some other disease.

These remarks are preliminary to the report of a case which, for argument's sake, I will call scurvy, which I saw in November 1902, near Rosedale, the notes on which I preserved as a reminder of a grave mistake in prognosis and a diagnosis still in suspense. My patient was a negro woman, black, twenty-two years old, whom I had not before seen. She was very slow of speech and taxed my patience in getting a brief history of her case. She had been sick and had spent the major part of the past two weeks in bed. Prior to that, for about two months, she had been ailing but kept up and did her house work. About two years before, she aborted at about the fifth or sixth month. There was some

*Read before the Washington County Medical Society.

swelling of the feet and legs. I got no history of fever during the several preceding months.

The objective symptoms were: pulse eighty-four, soft, compressible, regular; temperature 99.5° F.; nothing noticeably wrong about the eyes; inspirations labored; expirations very much prolonged; sensation apparently normal. Complained of nothing but pain in the throat and could not swallow easily, but upon examination I could find nothing to account for this. The buccal cavities were filled with clotted blood and the gingival surfaces were spongy, with blood oozing from them. The abdomen was somewhat distended, the bowels had not moved for several days and the last movement contained a dark mass which I supposed was blood swallowed.

Upon these symptoms I made a diagnosis of scurvy. I improvised a mouth wash, gave a large dose of Epsom salts, prescribed iron and strychnine, directed her father to keep her supplied with lemons, assured the family that she was not dangerously ill and advised them to have her sit up in a chair for short periods during the day.

I attributed her peculiar breathing and slow speech to a negro characteristic of exaggerating some symptoms while the doctor is present. Two days later I called again and found her exactly as when I first saw her, felt sure of the correctness of my diagnosis and made no change in my treatment. Two days later I was called the third time. It was a balmy, sunshiny, fall day. It had been cloudy and cold on my previous visits and I could get but a poor light without subjecting her to a cold wind, but this time I had the doors opened and the board shutter to the only window thrown back and determined I would make a satisfactory examination. The pulse was eighty-four, the temperature 98.2° F., breathing more labored and she had a cough. Her lungs were edematous to a marked degree, especially the more dependent portions, and she lay on her back continually. She was much more stupid, scarcely making any replies to questions. The vulva was swollen and eroded and she voided urine in bed. With a catheter I obtained about two ounces of turbid urine, specific gravity 1.010 and highly albuminous. I begin to "hedge" on my prognosis and

promised to call early the next morning, which I did, getting there just in time to see her die in a convulsion.

I suppose almost any practitioner would conclude from the termination of the case that it was one form of Bright's disease, but it must be remembered that in scurvy the urine is frequently albuminous, that edema may be present, that meningeal hemorrhages are not unusual, and deaths from convulsions have been recorded. Since we can get no aid from the blood examination and we have petechiae and ecchymoses in quite a number of diseases, including purpura hemorrhagica, scurvy, typhoid fever, smallpox, intestinal parasites, malaria, pernicious anemia and endocarditis; and since gingivitis is not a constant symptom of scurvy; it becomes a very difficult proposition to make a diagnosis of scurvy that we might not be forced to amend later on in the progress of the disease.

I now have under treatment a mulatto boy, nine years old, whose gums have been bleeding for several months, who has purpuric spots over his face and breast, arthritis with effusion in one knee, a very much enlarged spleen and is a dirt eater. He had a brother who bled to death from having a tooth knocked out. I felt sure I had found my first case of uncinariasis, but after thymol and a purgative neither the ova nor worms were found. Clinically the diagnosis seems to lie between scurvy and spleno-medullary leukemia, and a blood examination will be necessary to decide which it is.

The study of the anemias should be of interest to us of the delta as we encounter many cases during the fall and winter, mostly attributable to malaria but which require a knowledge of the use of the microscope or a very generous patronage of the medical laboratories.

Tully, of Philadelphia, reports a death from scurvy in the section on practice of medicine, A. M. A., 1902, and in his excellent paper gives all the theories now held regarding this disease.

*REPORT OF CASES OF STREPTOCOCCIC INFECTION OF THE LUNGS.

C. O. BUCK M.D.,
LEXINGTON.

Two of these cases were complicated with pulmonary tuberculosis and all were secondary to lagrippe, contracted from one to four years prior to noticeable infection.

As pulmonary tuberculosis plays an important role in cases of mixed infection, I desire to speak briefly of its pathology also, since the contents of pulmonary cavities have a not unimportant bearing on the results of a given case. These cavities may be formed by the action of the tubercle bacillus *per se*, their action upon a nidus of hereditary character causing a rush of cellular elements and leucocytes to the spot and all together forming a tumor about the size of a millet seed. This tumor has neither blood vessels, nerves nor air supply and hence cannot remain stationary very long. According to Stroud it either undergoes the destructive processes of caseation and breaking down or the conservative and healing processes of fibrosis, hence the terms fibrous, caseous and fibro-caseous as used to indicate which of these conditions predominate. In the event caseation takes place, the phagocytic fight has proved of no avail, pus is formed from the disintegrated leucocytes, and cavities result. If this be true, the bacilli are rapidly multiplying all the time this softening of tissue is going on and when the condition has sufficiently developed, they migrate to the healthy parts of the lung, thus attacking other hereditary nodules and causing a repetition of the former process, finally abolishing the integrity of the entire lung surface, or so much of it as was prepared by heredity. This means the chronic form of phthisis and may affect a patient for many years.

The temperature in pulmonary tuberculosis rarely exexceeds 100.5° F. and should it exceed this, denotes a mixed infection. Its duration is another guide, rarely destroying life within a short term of years.

Of diseases affecting the lungs, by far the most common

*Read before the Yazoo County Medical Society.

and the most menacing to mankind is *that which has hitherto been practically unnoticed, that condition now known as streptococcic infection of the lungs.* Bacteriologists have proven to the world that the streptococcus probably kills hundreds to one killed by the tubercle bacillus, and prior to recent years practically nothing was known of its pathology or its awful ravages. Thanks to the serum therapy of to-day, we now have a means of eradicating streptococcic infections generally, *all other means failing.*

The infection in question is not new. As the anatomy of man is the same now as it was a thousand years ago, so is the same rule applicable to infections by the streptococci. The streptococcus is widely distributed and is one of the most common pathogenic organisms. It is an important factor in a large number of pathologic conditions which vary widely in clinical manifestations. It is of a pyogenic nature and exerts a powerful destructive influence on the tissues. Even in those conditions in which it is present as a complication, it is frequently productive of greater harm than its co-worker.

Case I was a colored female, aged twenty-six, married and the mother of three children, of decidedly tuberculous family history, her people nearly all dying of so-called phthisis. Physical examination revealed apical dulness, cough, pain upon antero-posterior pressure, deeply seated she said but evidently due to a coincident pleuritis, temperature from 97° F. in the morning to 105° F. in the afternoon, pulse 130. Patient had occasional attacks of dyspnoea lasting from two to ten minutes. There were occasional lapses of consciousness and attacks similating hystero-epilepsy. She was failing in weight and her appetite was a thing of the past. Had had an attack of lagrippe two or three winters previous and had acquired the condition known as "grippe lung." The expectoration was thick, clear and ropy and the case would have been pronounced phthisis but for the microscopical findings which revealed teeming millions of streptococci and staphylococci, together with numerous pneumococci and a few tubercle bacilli. Grippe germs, of course, were present but were invisible, due to the variety of stain. I at once began the streptolytic serum, using 10 c.c. as an initiatory dose and repeating it each day until

I had used 140 c.c. Her appetite improved immediately and the fever decreased daily, until after the seventh injection it left for good. She daily grew stouter and was soon able to do work that had been impossible for months. Examinations every third day showed fewer and fewer germs and the tubercle bacilli, which were found in two examinations, disappeared altogether. These may have been transient; I know they were not fully organized or the result would not have been so prompt. This case went back to her home after the fourteenth injection and resumed her household affairs. An examination two months later showed no tubercle bacilli nor streptoccocci and she has been free from lung troubles since.

Case II was a white man aged sixty who had contracted lagrippe two winters previous and had never been relieved. Physicial examination revealed a condition similar to the previous case and the microscopical findings were confirmatory except that there were no tubercle bacilli. He had a bad larynx and could hardly talk above a whisper, was weak and had fever from 97° F. in the mornings to 100 to 102° F. in the afternoons. I at first thought the laryngeal condition due to tuberculosis, but this was almost impossible as primary tubercular laryngitis is painful and no pain had ever been present. I used the streptolytic serum in 10 c.c. doses but was obliged to discontinue its use after the sixth injection as it caused a swelling like an acute phlegmon and he complained very much of general pain. As a rule it causes trivial joint pains and sometimes an erythema or nettle rash, which, in my cases, always passes off without treatment. I assured him that there was no danger and that he would soon be all right and so it proved, for within a week absorption was completed and at least seventy-five per cent. improvement was manifested on microscopical examination. His larynx also had greatly improved, so much so that he could use the 'phone with greater ease than in months past. Had I been able to give him six more injections he would have been well, but as yet he has received no more serum treatment. However he is now suffering and growing weak again and says that he is going to resume treatment.

Case III was a colored female aged twenty-five, married and had had three children. Her family history was excel-

lent. She contracted lagrippe in 1900 and it recurred in 1901, 1902 and 1903. I saw her in August 1904 and microscopical examination of the sputum revealed a mixed infection. I have never seen such a reaction as followed the initiatory dose of 10 c.c. serum. In five minutes she was fully covered with urticaria, which however passed off in about an hour, she was much nauseated and all the emunctories of the body were roused to action. I gave her 1-4 grain morphia and 1-30 strychnia hypodermatically and an internal dose of potassium bromide and she soon became comfortable. She bore the rest of her injections well and eighteen put her back in the cotton field.

Case IV was mulatto girl aged twenty-two, a school teacher by trade though raised on a farm, who contracted lagrippe in 1903. The microscope revealed a streptococcic infection of the lungs, which was also indicated by the cough, weakness, loss of flesh and fever. After twenty daily injections of 10 c.c. of the serum no germs could be found, her physical condition has improved to a marked degree and she has been able to go back to her school work. In this case the injections were all well borne.

Now three questions arise:—how do we diagnose these conditions, where can we get the best serum and how can we tell who can stand the treatment. The microscope is our sole reliance as to diagnosis, the serum I have been using is from the laboratories of Fred. Stearns & Co., in Detroit, and a discussion of the third point would simply be time wasted for all *can* bear it.

The modus operandi of treatment is similar to the use of the anti-diphtheritic serum, with which every practitioner is acquainted. The main points to be observed are caution as to the dose, and cleanliness. Have the sputum examined every fourth or fifth day and let the microscope be your sole advisor, regardless of any physical signs.

"Paraffinage" in Hay Fever.

Brindel has treated 5 or 6 patients with hay fever by injection of paraffin under the mucosa of the turbinates as in the treatment of ozena. The induration that forms around the paraffin prevents access of blood and thus the excessive secretion in hay fever is permanently cured.—*Journ. A. M. A.*

*SUGGESTIVE THERAPEUTICS.

H. H. WEST M.D.,

GULFPORT.

It is strange to what extent a person is influenced by suggestion. This is especially noticeable in the practice of medicine. The confidence a patient has in his physician no doubt aids the therapeutic effect of the drugs. When a patient shows lack of confidence, the efficiency of the medicine seems impaired, or at least I imagine that under such conditions I fail to get good results.

Negroes as a rule have great confidence in the doctor and I always imagine that I get better effects from drugs among them than with the whites.

In treating neurasthenia, hysteria and vague neurotic troubles, physicians can scarcely fail to note how largely such patients are governed by their imagination. The success of Osteopathy, Dowie's Divine Healing, Weltmerism, Christian Science and other fads largely depends on suggestive therapeutics. I have seen cures by them of cases which physicians have treated without success. It may have been that little ailed the patient and that he was kept unwell by the constant use of drugs, and that after quitting them his digestion became better, his cough ceased and he was pronounced cured of consumption by Christian Science. Do not understand me as recommending any of these fads, but it behooves the physician to see wherein their success lies, for you cannot deny that in a way they are successful, for you cannot go to any large town without seeing the Christian Science Church and the office of the Osteopath, or hearing of a Divine meeting, thus showing that they have more or less success and are infringing upon our territory.

Some years ago, when a drug clerk in Yazoo City, I used to hypnotize for amusement. Dr. Crisler, of that city, had a patient from a distance in the country who, after re-

*Read before the Harrison County Medical Society.

covering from fever, had curious nervous spells. There was no sign of any lesion, but it seemed to be more of a habit which she could not break. Crisler exhausted the materia medica in his effort to cure her. He asked me one day to hypnotize her. She was entirely relieved after I got her into a deep sleep. She never knew that she was hypnotized but left under the impression that it was a certain powerful drug which we sent to New York for. Her trouble never returned. Dr. Harper, the dentist here, having once had alarming symptoms from cocaine, now uses *aqua pura* with good results. He says it often prevents pain entirely; but sometimes it doesn't seem to help. A few weeks since he extracted several teeth from a neurotic woman; using *aqua pura*; she never felt the pain. Half an hour after he told me of the case she sent for me in haste. I found her almost dead from the effect of the cocaine which her neighbor had been discussing with her. I hastily administered an antidote which completely relieved her of the deadly effects of the cocaine which she had been discussing. So much for discussing cocaine. Some days later she wanted something to act on her liver. As an experiment, I gave her several three-grain doses of soda and left minute directions as to what to do in case it worked her too much. She reported five or six actions on the following day. I have seen the bowels evacuated by mental influences before in cases of fright, but this is the first case of bi-carbonate of soda acting as a purge.

A negro, Lewis Taylor, was shot some months since. It was a flesh wound and there could not have been much shock. I made a four inch incision under supposed cocaine anaesthesia, for as I had no cocaine I used *aqua pura*. He complacently looked on and felt no pain at all.

You find plenty of patients who are not at all susceptible to suggestions, but most people are more or less susceptible as you may easily discover by experimenting. There is no doubt but that grief, joy, anger, depression, pleasant emotions, etc., more or less influence the course of disease. I do not make a fad of suggestive therapeutics but I have so often noticed it that I think a physician should study it and use suggestive therapeutics when he deems it necessary.

*TYPHOID AND MALARIAL FEVERS.

I. EDWARDS M.D.,
MORTON.

Mr. President and Members of the Scott County Medical Society:

At a previous meeting of our society I was to read a paper on Pelvic Cellulitis; but, finding it a very lengthy and complex subject, decided it would be best to write a paper on a subject more suitable at this season and occasion, and therefore ask your pardon for assuming this authority.

Typhoid and malarial fevers are familiar to us all; and perhaps we come in contact with one or the other almost every day during the summer and autumn months.

Of the malarial fevers, we have the text-book types of intermittent, remittent, pernicious, hematuric and aestivo-autumnal. I will not go into the etiology, pathology and treatment of these fevers as it would require too much time and space; but will hasten on the point I wish to bring before the society.

Tyson agrees with Osler in the belief that all the endemic fevers of the South may be resolved into typhoid and malarial fevers. Let us accept this, with the exception of a few cases of toxic fever, and also agree that quinine is a specific for malaria. During the summer months we meet with a number of cases of fever presenting very obscure symptoms and it is a difficult matter to make a very definite diagnosis. Of these cases a number present the following symptoms:

At first, that is for three to six days previous to the fever, the patient has what we may consider a prodromal stage. Then comes the fever, the temperature record of which suits for typhoid. There is very little tympanitis, no eruption on chest or abdomen, profound constipation through entire course of fever, tongue furred in center with red margin, but an absence of dicrotic pulse as given by the text-books as indicative of typhoid fever. Duration from fifteen to thirty days as a rule.

My plan in these cases of fever is at first to try quinine, and if after getting its full physiological effect the fever does

*Read before the Scott County Medical Society.

not yield, I discontinue its use and resort to intestinal antiseptics, also treating symptoms which may arise.

Other cases present symptoms similar to the following case: I was called with Dr. A. to see Mrs. H., age about thirty. Found her temperature in forenoon 102° F., tongue furred, considerably nauseated, great tenderness over the entire abdomen, headache and diarrhœa. This was about the eighth or tenth day of her fever, and the attending physician stated that her temperature record was not very characteristic of typhoid. Quinine was tried with but little effect. I saw the patient no more for eight or ten days, and found her at this time with a temperature of 104° F. in afternoon and other symptoms still present; but in the meantime Drs. B. and E. were called in the case. At this time a specimen of blood was sent to a microscopist for examination. He reported "malarial plasmodium in abundance." In two or three days he reported that the same specimen of blood also gave a distinct Widal reaction.

Now we are taught by the best authorities that no such thing as a hybrid fever exists. That one or the other will predominate. In fact all authors I have read seem to be of the same opinion from the way they classify their fevers. Some give us the name typho-malaria but claim it to be purely a malarial fever running a typhoid course; but none that I have as yet noticed give a typhoid-malarial fever.

Now does the above reported case prove conclusively that such a thing as a mixed fever *does* exist? Or is it possible that the malarial plasmodium will remain in the system in a dormant state while the typhoid bacillus is producing the fever, or the typhoid in a dormant state while the malarial plasmodium produces the fever? Or is it a mixed or typhoid-malarial fever, and in what way can this be determined?

THE COMPLICATIONS OF GONORRHOEA.

S. MYERS M.D.,
VICKSBURG.

For a disease of such universal prevalence, gonorrhoea may be said to be fairly uncomplicated, and indeed the vast majority of cases progress to a cure without any serious complications. The statement formerly frequently made that a man "would rather have a dose of gonorrhoea than a bad cold" has however received many rude shocks. When the infection is accompanied by the pyogenic organisms we see an alarming number of complications.

These may be divided into those common to both sexes and those peculiar to each sex. The great complication of gonorrhoea in both sexes is gonorrhoeal arthritis. This commonly affects the joints and the great serous cavities of the body. The disease has a regular sequence in attacking the various joints. The knee is affected in most cases, then the ankle, followed by the wrist and elbow. This occurs in about four per cent. of all cases and on account of its being rebellious to treatment is most to be dreaded. Endocarditis, meningitis and peritonitis have also been directly traced to gonorrhoeal origin.

Gonorrhoeal conjunctivitis is the next great complication. Occuring in the ignorant, its consequences to sight are so terrible as to call for the most urgent warning to be given each patient to prevent its occurrence. Occurring as ophthalmia neonatorum, it fills our asylums for the blind with unfortunates on whose heads practically "are visited the sins of the fathers."

Inflammation of the ureters and the pelvis of the kidneys is of sufficient importance to warrant a careful inquiry into every case that we see. The specific cystitis is a complication whose steady occurrence and whose recurrance upon the most trivial cause awakens most dread in the mind of the patient. The constant and painful urination, the tenesmus seems to be more marked than in ordinary cystitis.

Taking up gonorrhoea as it occurs in the male, we find

that balanitis and balano-prostitis commonly caused by neglect of cleanliness are frequent occurrences; instruction on the part of a practitioner in the beginning of an attack will do much to avoid these two symptoms. Phimosis, due to an oedematous condition of the fore-skin is a very troublesome condition. An analagous condition is paraphimosis due to the same cause. Bubo, lymph-adenitis, is an occasional complication and most commonly affects those whose occupation require them to be upon their feet constantly. Abscess of the peri-urethral glands is an incident to be dreaded in the course of gonorrhoea; occuring at or near the meatus, it is easily amenable to treatment; if deeper it may result, after rupture, in urinary extravasation or fistula. Cowperitis commonly occurs at the height of the second stage. It is caused by extension of the disease and is brought on by excesses, physical or alcoholic. The pain from this affection is agonizing and the picture of throbbing pain in the perineum is not easily mistaken.

Inflammation of the prostate gland may occur as a complication. Its constitutional effects are seemingly out of all proportion to the area affected. If it goes on to suppuration the pus may rupture into the urethra, the rectum, the ischio-rectal fossa or almost anywhere upon the dorsal surface of the body. According to some authorities pus has even burrowed upward as far as the edge of the false ribs. Inflammation of the seminal vesicles occurs in a fairly large proportion of cases. The symptoms are closely allied to those of prostatitis, so that much care is necessary for a differential diagnosis.

The greatest complication of gonorrhoea, greatest in the sense of painful consequences to the male subject and the subsequent crushing knowledge that he is impotent, is epididymitis. Almost all the complications mentioned are as nothing compared to this one because of the mental anxiety accompanying it. Occuring about the fifth week of the disease it usually affects one side, though very frequently both, and has one characteristic, the gait, which tells us at once the patient's trouble. To see a man with body bent forward, legs straddling, is to make the diagnosis.

Among the complications of gonorrhoea peculiar to females is inflammation of the vulva, accompanied by swell-

ing, redness and an exceedingly irritating discharge. The inguinal glands may be affected. Inflammation of the glands of Bartholin is fairly constant in all cases of female gonorrhoea; when suppurating it cannot be mistaken.

Inflammation ot the vagina, commonly supposed to accompany every case of gonorrhoea, is a rare complication, the peculiar structure of the vaginal mucus membrane acting as a safeguard. Metritis and para-metritis are noted in a few cases. The results are chronic invalidism. Salpingitis and ovaritis are the two complications which bring many women to the gynaecologist; and a large portion of all tubal and ovarian operations may be credited to this insidious disease.

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*ARE WE TRUE TO EACH OTHER AND OURSELVES?

H. X. RICHARDSON M.D.,
DUNDEE.

Mr. President and Gentlemen:—

While we are continually meeting in our several associations and gaining all the information in regard to the diseases to which mankind is exposed, and this is very commendable in us, yet very little has been said as to our every day associations with each other in regular practice. During most of my professional career I have been very fortunate in being associated with first class physicians and consequently our dealings have been of the most pleasant and agreeable, but no doubt we have all noticed at times some little deviations from this rule, especially in a few, who would like to be the "whole thing" if we judge by their actions and conversations.

Imagine yourself treating a patient in some severe illness and as soon as you leave the house the family, seeing that you appeared very serious as to the patient, decide to send for another doctor, who when he comes and examines the patient looks very solemn and says: "You have waited too late to send for me, if I had been here a few

*Read before the Clarksdale and Six Counties Medical Society.

hours ago, I could have saved him" or something like this. After finding what you have been giving, says: "These are very dangerous remedies and should be used with care," or this: "Who have you had treating him?" "Dr. So-and-So." "Do you have him practice for you?" "Yes, we have him sometimes." "They say he is a regular graveyard builder." "We thought he was a very good doctor." "Well that's what the people tell me, I don't know him." How is that for a stranger introducing himself to your customers? Or how is this? You have a patient whom you have been treating for several days for a slow form of malarial fever. The family conclude that a consultation would be best, they approach you on the subject, you say: "Yes, I would be glad to have you call in Dr. Blank." All right. Dr. Blank comes as requested, but instead of sending for you, he makes his examinations, tells the patient that she is "up against" a serious operation and advises the family to have it attended to at once. She is sent away, it costs $150.00, more or less, to keep her at hospital two or three weeks. The Expert applies a few blisters over the tender portion of the bowels, usually affected in such cases, and at the end of the usual period for such fevers to subside the patient returns home much improved. This has all been done without the second physician seeing you at all. How would you feel over the proceedings? How does this compare with the whole-souled, open, big-hearted, brotherly physician who comes in with a pleasant smile, grasps your hand and says: "How are you, doctor, I am glad to see you?" And he means just what he says, and then after you have consulted and he tells the family you have the patient's case well in hand, he gives you another good, hearty hand shake and says: "Doctor, I am glad to have had the pleasure of meeting you in a professional way. Don't hesitate to call on me when you think I can serve you in any way." Which do you like best? Now we all know that under the present law, if it is enforced, physicians are very scarce who after thoroughly examining a patient would give a prescription that would be injurious to the patient or that would not be really beneficial if used according to directions. Now, I say, should we sit and listen to negroes and foolish white people use such expressions as "I got some medicine from

Dr. Blank and it like to have killed me, I believe if I'd er took another dose I'd er died." I don't allow it. I tell them the doctor is all right and the medicine too and that they are the ones who are wrong in not giving it according to directions.

Are we true to each other under such circumstances? I carried a patient to a very eminent surgeon once for an operation and after a very nice and successful operation had been done, I went with him to see several of his patients in the city. While seated with one of the families, he told them that he had done 150 such operations with only one death and that no surgeon should attempt to perform it unless an expert in the operation. I said "Yes, you are just like the woman who would not allow her boy to go into the water until he learned to swim." There are many little ways to advertise our superiority, or to place ourselves before the public on a large scale as it were. What would you think of me if I should locate at Clover Hill and write to some of the most prominent farmers in Clarksdale, Lyons and other small towns near, stating that I had located at Clover Hill, ready to serve them at any time, notwithstanding there are good physicians at all these places? I saw a letter of this kind not long since, written by a "regular." Is this the proper thing—I am glad that I don't believe it. When a doctor is looking for a location to practice people will often tell him something like this: "If I were you, I would locate at this little town over here. There is a doctor there, but he is not popular with the people at all and I suspect that you might do well there." And strange to say some physicians will do this. I have had them tell me this. I certainly try to avoid such places as much as possible, for I know that no physician who has sense enough to practice medicine and is in good standing will make himself unpopular with the people, unless they are trying to run his business and I am certainly going to manage my own business. Should we pretend to avoid any remedy, which another doctor has been using in the same case, when we know it to be the right thing, because the people object to its use? Not long ago a doctor told me (after I had told him that quinine was the "sheet anchor" in all malarial troubles) that he always used quinine in such cases, but "fixed it" so that they would not

know what they were taking. I said, I tell them to take just what I think best and if they refuse to do it, I won't treat them at all. Should a physician locate at a place where there is another, knowing that there is not enough practice for two? The only hope he could have in such cases would be that he might undermine the other and destroy his prospects for a living at that place. Could an honest man feel happy and contented over such a result? Do we always deal with our brother as we would have him do to us? Or are we, honestly and conscientiously, true to each other?

As I said in the outset, I have been exceedingly fortunate in this respect, having been associated for over sixteen years, in regular practice, with twenty or more first class physicians. I can't recall an unkind feeling toward even one of them, but on the contrary am almost as glad to meet any one of them as a real brother. I attribute this to their high character and honest dealings. While it was only four miles to the country town where there were ten or twelve fine physicians, it was very seldom one came to my town, except to assist me in a case, but instead when they were sent for to come there would say: "You have just as good a doctor over there as any of us—get him." While this might not have been correct, yet it worked beautifully. I was always afraid to go to see patients at neighboring towns, for fear they would claim that if I had much business at home, I would not have time to visit other towns. Of course there are exceptional cases, but usually with a little care and kind treatment to each other these things can be regulated greatly. How do you suppose I would feel coming to Clarksdale to treat a patient, the parties sending for me thinking that I knew more about the disease and its treatment than any one here, and I knowing it was false? I could imagine them quoting—"Upon what meat doth this our Caesar feed, that he is grown so great?" I would know it was all foolishness and so would you. How much would the shorter distance affect the case? Then, if we know it is foolishness, why not condemn it, except when there are personal differences between the parties sending and the local physician and this is explained? I tell them that all good physicians treat cases alike and that the best educated people know this and send for the nearest doctor when one is needed and that it is only

the most ignorant and uneducated who resort to such cases. Of course there are exceptions, as said, but as a general rule this is the case. Gentlemen, I believe that we belong to one of the most honorable and noblest professions under Heaven, and I would suffer before doing any thing to lower its standard—for by so doing we injure ourselves and are thus untrue to ourselves.

Another point I will speak of and that is sending every little trivial case to the city for an operation, thus giving out the impression that we know very little of surgery, and that the surgeons are all in the large cities. Also many lingering diseases are sent to the hospitals as though we do not understand them, when we really understand them better than the hospital physicians, having had them under our constant care—and he taking the cases new. I have a case in mind, sent to the hospital after five weeks treatment of one of our slow fevers, and as there was a child born after the fever began and there had been some tenderness over one ovary the surgeon said "septic fever" and advised an operation to relieve the patient of fever. So he curetted and while he was waiting to get ready for, as he thought, an ovariotomy, the patient recovered, the fever having run its course. Let us stop so much of this as by such practice we are untrue to ourselves and our cause. And let us stand together as a band of brothers should—defending one another when an opportunity presents—unless it be some mogul who persists in being the "whole thing." In such cases, let him drop so hard that he can hear himself fall. Gentlemen, I have written what I earnestly believe to be correct and I assure you not for any selfish ends or motives. Let us teach the public that we are all members of one body and that by offending one member, they offend the whole body. That the profession is an honorable one, deserving the greatest consideration and respect and that we demand it. And if we keep in mind and practice the rule of being true to each other and ourselves, under any and all circumstances, we will have it.

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

Discussing "The Ownership of Papers," the *Memphis Medical Monthly* in its November issue strays from its subject long enough to use its editorial rawhide on our shoulders, and though ordinarily the awe inspired by the sight of such wrath in so high a place would hold us speechless, the charge that we have been guilty of discourtesy to the guests of the Association forces us to utterance. To the distinguished Memphis physicians who have visited us in the past, and to others who may wish to come in the future, we beg to say that our doors are always open and that a cordial welcome awaits them. Our contention was simply that so long as the rule that all papers read before a society shall become its property remains on the statutes of an organization, all visitors as well as all members should observe it. The rule is not put there to deprive the authors of their rights but in order that those members who are so unfortunate as to be unable to attend the meeting may not be entirely deprived of the benefits it affords. If a guest, or any member, reading a paper before the Mississippi State Medical Association, expresses a desire to have it appear in some other publication than our *Journal* and *Transactions* we feel sure that no objection will be raised, but we contend that the Association is entitled to the original paper and that its consent to the publication of the paper elsewhere should be obtained. Surely our Memphis friends will see the justice of this contention and not take offense where none is intended.

But we are informed by our censor that "most of the papers read by specialists in any line before general medical

associations are prepared with a primary object of acquainting general practitioners with the skill of the specialist in his given line, and his qualifications to properly treat cases which may be referred to him by the general practitioner"—in short, as an advertisement. Has our "esteemed contemporary" let the cat out of the bag? We in our innocence, thought that these distinguised gentlemen were actuated by a desire to teach their less fortunate brethren how to do better work that mankind at large might reap the benefit of their higher knowledge and greater researches. We sat at the feet of Gemaliel with all due reverence and respect, and it is a shock when we are told that what we thought were inspired revelations were nothing but "free reading notices." Old ideas die hard and perhaps we are narrow-minded, but we cannot swallow this statement unsalted even when coming from so eminent an authority. The *Monthly* may be on the inside and so know what it is talking about. We are not specialists and so are not in a position to say; but one thing is sure, we never said anything about the specialists half as hard as that.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

Rosedale, Miss., December 15th. 1904.

Members of the Mississippi State Medical Association:

These long winter evenings, from supper at seven until bed at eleven, should be the doctors delight—his post-graduate course every year. Select a title for a paper now and let your reading be mainly along that line, and by the time our Association meets your paper will be ready and you will feel that your time has not been wasted. If your subject should be one which properly belongs to my section, please send me the title as soon as covenient, so that I will not have to "beg" papers at the last moment.

H. L. Sutherland,
Chairman Section on General Medicine.

COUNTY SOCIETIES.

Lowndes County Medical Society met in Columbus Dec. 13th., quite a number of its members being in attendance. Dr. W. C. Brewer of Columbus read an able paper on "Treatment of Lobar Pneumonia." * Election of officers for 1905 resulted as follows:—President, J. E. Davis, Columbus; Vice-President, R. R. Stockard, Columbus; Secretary and Treasurer, J. W. Lipscomb, Columbus.

Newton County Medical Society met at Decatur Dec. 14th. and re-elected the old officers for the coming year: President, G. H. McNeill, Newton; Vice-President, S. B. Henton, Decatur; Secretary and Treasurer, A. L. Monroe, Lawrence.—*Vicksburg Herald.*

Pearl River-Marion County Medical Society will meet in Jan. 11th. The society is felicitating itself over the return of its president, Dr. W. J. Hunnicutt, who for several months has been residing in Ashville, N. C., but who has recently returned to Poplarville and resumed practice. An interesting programme is being arranged for the next meeting at which an earnest effort will be made to put the society on a good working basis for next year. Dr. O. A. Johnston of Picayune is the secretary.

Warren County Medical Society met in Vicksburg Dec. 13th. The essayist was Dr. Jos. Waldauer, who discussed the business affairs of the profession in the county. Dr. G. Y. Hicks was elected to membership. The annual election of officers resulted as follows:—President, B. B. Martin, Vicksburg; Vice-Pres., S. W. Johnston, Vicksburg; Secretary, M. H. Bell, Vicksburg; Treasurer, E. S. Rauch, Vicksburg; Censor for three years, H. H. Haralson, Vicksburg; Delegate, M. H. Bell, Vicksburg.

NEWS ITEMS.

At the Tri-State (Ark., Miss., Tenn.) Medical Association the following officers were elected:—President, H. L. Sutherland, Rosedale, Miss.; Vice-Presidents, for Miss. J. A. Crisler, Yazoo City—for Ark. W. H. Deaderick, Mariana—for Tenn. A. H. Young, Ripley; Secretary, Richmond McKinney, Memphis; Treasurer, M. Haase, Memphis.

* Which will appear in our next issue.

The Biloxi Sanatorium has established a free medical and surgical clinic (daily, except Sunday) for the poor, white and black, of the community. It is maintained by the Sanatorium and visiting staff.

On the evening of December 1st. about one hundred members of the medical profession with a few laymen assembled at the Bellevue-Stratford Hotel at a complimentary dinner to Dr. John B. Chapin, in celebration of the completion of the fiftieth year of his work among the insane. Dr. Henry M. Hurd, in the name of those of his friends who contributed, presented Dr. Chapin a portrait of himself, which was painted by Miss Carrol A. Beck.—*N. Y. Medical Journal.*

BOOK REVIEWS,

A Laboratory Manual of Human Anatomy by Lewellys F. Barker M.B., Tor., Professor and Head of the department of Anatomy in the University of Chicago and Rush College. Assisted by Dean DeWitt Lewis A.B., M.D., and Daniel Graisberry Revell A.B., M.B., instructors in Anatomy in the University of Chicago. Illustrated. J. B. Lippincott Company, Philadelphia and London. Cloth $5.00.

In the judgement of the writer of this review, medical books are needed either as textbooks for the under-graduate or post-graduate student or as books of reference during the years of practice, and as the textbook of the student often becomes the reference book of later life, particularly when it deals with a specialty to which his attention is called only occasionally, the textbook should be as complete in detail as the reference book. When a book of reference is consulted, it is seldom to get a definition; it is usually to get help with regard to some particular case, and then accuracy and completeness are the attributes demanded. This work belongs to a class which is as useful to the teacher as to the student. The specialist who is teaching must prepare what he is about to say beforehand in order to obtain the best results, and to him this book will be almost a godsend. Its short sentences will suggest lines of thought which may be amplified greatly to his students' advantage, and he can thus prepare himself for his lectures with a considerable saving of time and labor. The publisher's work has been well done. The illustrations, which are about three hundred, are excellent, the type and paper are good and the book forms an ornamental addition to the library.

B. B. Martin.

JOURNAL OF
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ORIGINAL CONTRIBUTIONS.

*REPORT OF A CASE OF MALARIAL HEMOGLOBINURIA WITH COMMENTS ON TREATMENT.

J. W. GRAY JR. M.D.,

CLARKSDALE.

I propose to detail very briefly a case of Malarial Hemoglobinuria and add a few remarks on treatment.

Jim L., Oct. 14th., had had "dumb" chills at intervals for several months. Was attacked on Thursday, Oct. 13th. 1904, 4:30 P. M., with violent chill with bloody urine and high fever, second rigor at 9:30 P.M., also violent. Was first seen at 9 A. M., Friday, Oct. 14th., when I found him shaking and shivering with the third rigor, temperature 97½° F. under tongue; pulse 108, extreme nausea and vomiting dark green matter; urine black, thick, scant and painful to pass; bowels had moved once the previous night. Had taken three or four doses of some chill tonic. Gave at once ⅛ grain morphia and 1-100 atropia hypo., and ordered 10 grains of calomel and ¼ grain of powdered opium to be given in ℥i of sat. sol. of magnesium sulphate every four hours until seen again, all medicine to be repeated until retained if vomited. Fourth rigor at 4:30 P.M.; at 5:30 P.M. temperature 104½° F., pulse 120, partially delirious, still extreme nausea and vomiting of green fluid. Great prostration. Bowels had moved once. Began to think my patient hopeless. Added 1-40 grain strychnia to calomel and opium and ordered continued with sulphate magnesium, laying great stress on the necessity of repeating medicines, when vomited, until a full dose was retained. Urine still black, but passing good

*Read before the Clarksdale and Six Counties Medical Society.

quantity and not so painful. Instructed the nurses to give all the *hot* water with a little lemon juice that the patient wanted, and to stop the powders (C. and O.) if stomach became quiet. Did not see him again until 4:00 P.M. Saturday, Oct. 15th. Had been very delirious all night and morning, but somewhat more quiet at this time. Bowels had moved very freely, possibly twelve or fifteen times. Urine had been black all night and was still bloody, but beginning to clear up some. Still vomiting dark, green matter, but not so often. Temperature 101° F., pulse 96 and little hard. Had stopped calomel and opium at 4:00 A.M., but continued magnesium sulphate. Ordered three more doses of calomel and opium to be given and then magnesia sulphate alone. To be allowed buttermilk if desired. Patient very restless and greatly prostrated. Next seen at 11:45 A.M. Sunday, Oct. 16th. Bowels had been acting *freely*, urine plentiful and yellow, no blood, stomach comparatively quiet. Mind clear. Temperature 100° F. Pulse 96. Ordered tincture iron 10 m., sol. chlorid arsenic 2m. and bichlorid mercury 1-128 grain in half glass of water every four hours and continued sol. magnesium sulphate ℥ ss every four hours. Allowed chicken broth with rice and plenty of cold water, if stomach did not get upset. Monday, Oct. 17th., temperature 99 3-5° F. Pulse 100. No nausea since 8:00 o'clock last evening. Visits discontinued but patient ordered to report, as I suspected serious change to kidneys. Had a moderate attack four years ago, and has been pretty free drinker.

This paper is presented with the idea of provoking discussion and if I attack some pet views in my remaining remarks it is with the hope of provoking a *very free* discussion of this important subject and the eliciting of some ideas of value from members who have had a larger and longer experience than I in the treatment of this phase of malaria. The first point I will notice is the extreme simplicity of the treatment.

Believing Hemoglobinuria to be practically post-malarial, and that the whole symptom complex is due to the effect of the destruction of immense numbers of red blood corpuscles by the malarial parasites and the consequent setting free in the system of a large amount of poison (Toxins?), I find no place for quinine or any other anti-malarial. The whole treatment may be summed up in two words "Elimina-

tion and Stimulation." Calomel primarily as an eliminant, secondarily as a diuretic (and it is the best we have by far) and as a sedative to the stomach and liver. It may seem peculiar to speak of calomel as a sedative to the liver, but in this phase of malaria, as well as every other, I believe that the liver is over-acting; secreting an excessive quantity of vitiated, irritating bile; and needs sedation; and in this condition I think calomel in large doses has the same effect upon the liver that opium in less doses has upon an excited nervous system. I give opium in small doses as a sedative to the stomach and as a stimulant to the adrenal system, and strychnia as a direct stimulant to the heart and nervous system.

But calomel, while the best general eliminant, is too slow as a purgative and must be assisted by some saline purgative, magnesium sulphate, sodium sulphate, sodium hyposulphite or whatever the attending physician may prefer. It is *absolutely* essential that elimination be begun quickly and pushed vigorously, and the saline cathartics will start elimination more promptly than anything I know.

Should the kidneys show any signs of failing, the prompt administration of normal salt solution by hypodermoclysis in large quantities and frequently repeated is imperative and is, I am afraid, a valuable measure too often neglected until too late.

Blistering over stomach and liver with cantharidal ointment is sometimes resorted to by some of our best physicians. I quote from Pringer & Lainsbury's "Handbook of Therapeutics," 1897, speaking of cantharides: "It is not an uncommon accident for sufficient quantity of the drug to be absorbed during application to the skin to cause great irritation of the kidneys. Lahousse finds that cantharides affects simultaneously the malpighian bodies, the renal tubules, and the matrix of the kidneys. The malpighian vessels are greatly congested; albumen, leucocytes, and a few red corpuscles escape; the epithelium covering the vessels lining the capsules swells and degenerates; the endothelium of the vessels swell and may choke their lumen; the tubule-cells swell, become granular and die.

With the kidneys already struggling with a load of poison that threatens to overwhelm them and suppress their function, I fear to use any remedy the value of which is at

best problematic, and which may, and does in my opinion, increase the congestion already existing. I think the same objection applies to any and all irritating diuretics. The only other point I wish to notice is the necessity of good nursing. The patient should be warmly clad and carefully protected from drafts in order that the skin may not become chilled.

It sometimes requires firmness bordering on brutality to make a patient take dose after dose of medicine which is vomited almost as soon as swallowed. But unless you have that firmness, give up the case and send for a man who has it: for therein, more than in anything else, lies the secret of successful treatment.

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*AN ADDRESS ON THE BUSINESS AFFAIRS OF THE PROFESSION.

JOSEPH WALDAUER M.D.,
VICKSBURG.

Mr. President and Gentlemen of the Warren County Medical Society:

When assigned by the President of this society to write a paper, for the last meeting of the year, which should discuss business interests to the Society and its members, I must admit that the subject covers such a vast scope, and such a variety of topics could be included in such a paper, so where to begin and end gave me any amount of uneasiness that you cannot very readily comprehend. I hardly knew just what your desire was. I will, however, take this opportunity to congratulate the Society upon its completion of the fifth year of its existence. When we consider its earliest trials, and how difficult it was to obtain a quorum, and what care and tact was required to nourish it in its early infancy, we can well feel proud of its present flourishing condition and the many interesting and social meetings we have held in the past year. The feeling of good-fellowship that now exists in our city among the medical profession can all be attributed to this organization, for we must remember that prior to its existence we never met each other except in an occasional consultation, and only to bow as we passed each

* Read before the Warren County Medical Society.

other in our buggies, in a formal recognition; the ideas and opinions that we formed of each other were what was learned from a third party and as a result of their bias our opinions were frequently one of ridicule and contempt; but upon coming into closer contact, as we do in the society meetings, and having held an interchange of thoughts and opinions, we have learned to admire and recognize the respective abilities of each, the existence of which we knew nothing, and instead of the ridicule and contempt which we had for each other prior to the Society's existence, we have learned to honor and respect what we have found admirable in our fellows, and by contact with our older members, we have profited by their large and congruous encyclopaedea of experiences.

Again I desire to congratulate the Society for its efforts and conduct in the matter of the State Charity Hospital. While the hopes of individuals were side-tracked and blighted, there is no doubt that the community, and the profession as a whole, were benefited, even at the sacrifice of personal ambition. As to the marked change in that institution, there is probably more credit due to the interest taken by the Warren County Medical Society than to all other things combined, and in a conversation recently with Mr. Kyle, he stated that 'such a marvelous change he had never witnessed; that the institution was a credit to the city, county and state, and that at the next meeting of the legislature he was going to make an effort to give the hospital the monies it should have to conduct it properly.' Fellows of the Society, that this is a victory none will deny, for we recall with what vindictiveness he condemned the former administration, and even threatened to use his influence to have the hospital abolished. The Society is to be congratulated and commended on its efforts to rid our community of illegal practitioners, and though our attempts were fruitless, it should nerve us on to greater efforts and as a unit we should try to have the law so amended as to be able to convict, not only the Osteopath, but all who violate the medical practice act. We owe this to the community in which we live, and to the state at large. While illegal practitioners are a menace to the community, we, as legal practitioners are being faced with an annoyance of far more import, and I mention it only to condemn it, as in a life-time spent in

this immediate neighborhood and vicinity I cannot recall anything of the kind ever having occurred before, namely suits for *mal-practice*. Recently in this city have there been two suits of this kind brought against a practitioner, and it will not be many days before we will all be annoyed with like suits. In this section we have the negro and poorer classes of whites, and we know how uncertain and unsatisfactory this class of practice is; how very difficult it is to get any of them to give medicines as directed, or to nurse a patient as they have been instructed, and then how easy it is to discharge the doctor and obtain another who is fault-finding and condemns the work of the first: the result is you are called upon to defend a suit for mal-practice. These suits in the past have never been thought of, and it is only upon the condemnation of the second doctor that we will be called to defend them, for it is on the opinion and evidence of doctor No. 2 that they rely in order to obtain a verdict, and frequently it will be that doctor No. 1 has served the patient for months, and probably years, and has never received compensation in any form, and now in appreciation of his services in the past they annoy him by the filing of a suit. The condition of the patient, for which he is sued, he is not responsible for, and usually the best results obtainable has been the outcome.

When called to see a patient from whom a doctor has been discharged we should, and in the future must, be very guarded in our opinions and never let slip by word or action any hint of condemnation of the doctor who was attending, for as little as you think of it the precedent has been set, and never be surprised when a notice is served for you to defend a suit of this kind; we have not alone the medical profession to fear but the law has shysters, and now that their attention has been called to the matter of earning a fee by a species of black-mail, suits will be brought by them if for no other reason than hope of a compromise.

This has been written as an admonition, and I sound it as a note of warning that I trust will not go unheeded, and as the medical profession is ridiculed by the laymen and press for lack of self-respect let the medical men stand together and condemn and scorn those who so far forget themselves, as to urge or advise a suit for mal-practice. I do not

want to be mistaken and have you believe that I would not urge a suit for mal-practice against those who are guilty of criminal abortion and the like, but would have them punished to the full extent of the law.

In conclusion I desire to call your attention to a set of resolutions recently passed by the New York Fulton County Medical Society, and believing that we all condemn contract practice, I submit them, trusting they will be adopted by this Association.

"On and after the first day of January 1905, no member of this society shall accept the position of club, society or organization physician, or agree or continue to do any medical or surgical work for any club, society or organization at a less rate than the regular or customary charges for like services rendered by other physicians for patients not members of such club, society or organization.

"Also, that in no case shall any physician agree to attend the families of the members of such club, society or organization at half price or a less price than the regular rate.

"Nothing in this section shall be construed as preventing any member from attending the worthy poor at a less rate or to give free services to those who are too poor to pay anything, or acting as city, county or town physician, health officer, or under any political appointments.

"Any violation of this by-law shall be considered unprofessional conduct, and render the member guilty thereof liable to suspension or expulsion from this society, as the society may determine."

If I have given the Association any food for thought in the writing of this paper I shall feel indeed well repaid for the time spent upon it.

*SOME NOTES ON MALARIA: ITS ETIOLOGY AND PROPHYLAXIS.

D. S. HUMPHREYS M.D.
GREENWOOD.

What is malaria? It is easier to tell what it does than to say what it is. The word means "bad air" and formerly it was thought that emanations of gaseous matter from insalubrious localities was the chief causative agent..

In 1880 Laveran, a French military surgeon, discovered the malarial germ and since that time many competent

*Read before the Leflore County Medical Society.

microscopists have confirmed the discovery and enlarged our knowledge of it; notably, Golgi, Marchiafava and Celli. In 1885 and 1886 Golgi proved that the different stages of a malarial paroxysm were coincident with the development of the parasite in its cycle. Golgi also discovered that there were two special varieties of the parasite producing the tertian and quartan types of fever.

In 1889 Marchiafava and Celli isolated a different form of the germ which is associated with the continued remittent type (aestivo-autumnal).

Thus it is seen that three distinct forms of the germ have been isolated and their life history studied.

It is generally conceded that the germ must enter the system through the respiratory tract, the intestinal tract or the skin. The oldest theory, that it must enter through the respiratory tract, is responsible for the name and this view is still held by almost all the laity. Grassi and Calandrucio have discovered amoeba in the air of malarious district and the same amoeba in the nasal mucous membrane of men and birds which had inhaled for many hours this insalubrious air. These observers tried in every way to produce the manifestations of malaria by introducing these germs into the blood of persons, but never successfully. Many believe that it is a water borne disease. Celli caused many persons to drink the water from the pontine marshes surrounding Rome for several days without result. Branchileone pursued the same plan in Sicily with like failure. Zeri caused nine persons to drink the water from five to twenty-five days. Dust derived from the evaporation of the same water was inhaled by sixteen persons and to five he gave rectal injections of the water—all with negative results.

Ronald Ross, an English military surgeon, Koch, the great German pathologist, Golgi, Celli, Marchiafava and every competent microscopist in this country and in Europe have demonstrated over and over again that the malarial germ is propagated by mosquitoes. The theory first advanced and proved by the English surgeon, Ross, has been put to every test and has always proved correct.

As long ago as 1882 Gerhardt produced malaria experimentally by subcutaneous injection of blood of a malarial patient. In 1889 Gualdi and Antolissi confirmed the state-

ments of Gerhardt and also proved the immutability of the germs. They injected tertian germs and got tertian chills, quartan germs and got quartan chills, etc.

Patrick Manson, an Englishman, suggested that a mosquito-proof house be built in the most insalubrious part of Italy in order to test the theory of Ross. Accordingly Drs. Sambon and Low, with three companions, lived in such a house eleven weeks. They ate the same food, drank the same water and breathed the same air as all of the other inhabitants. In fact their environment was precisely the same as those who lived in the vicinity and were having malaria in its most pernicious forms, except that they were all careful to go into their mosquito-proof hut before sundown and to remain therein until after sun-up. They secured a number of mosquitoes which had been infected and sent them to London. Here Patrick Manson allowed himself to be bitten by them and promptly developed malaria. Six other persons were experimented on in the same way with similar results.

The same experiment of living in a mosquito-proof house was made by DeMattei and four others for thirty-two nights with similar immunity. No prophylactic measures other than above stated were used in these experiments.

Bastinelli and Bignami have shown that the same species of mosquitoes become the hosts of the different kinds of malarial parasites, that the same mosquito may inoculate several different persons and that the same individual mosquito may harbor more than one kind of the parasite, thus producing a double or multiple infection. They also showed that the larvae of mosquitoes thrive best in water in which vegetation is growing and when the water is still or stagnant.

L. H. Warner, in this country, extracted by means of a platinum needle some of the albuminous substance from the mosquito and inserting it into blood-serum cultures found after twenty-four hours a parasite not to be differentiated from the malarial parasite.

Bignami has recently conducted a series of experiments that prove conclusively the mosquito theory. He first examined the blood of his subjects to show that they harbored no plasmodii; subjected them to the infected mosquitoes on September 26th. and a chill, followed by a remittent fever. developed on November 1st. A subsequent examination of the blood revealed malarial parasites.

Whatever views may be entertained regarding other channels of infection, this statement of Bignami well expresses the present status of the subject: "This much at any rate we can assert, that inoculation is the only mechanism of infection which has been proven experimentally."

The object of this paper is to do something looking to the prevention of malaria, and taking for granted that you will all accept the theory of Dr. Ross that the mosquito which flies about at night is the propagator of that disease, it behooves us to do all in our power to rob this little insect of her terrors. Let us advocate the drainage of all bodies of standing water when it is possible; and where it is not possible to drain, the removal of trees and vegetation of all kinds so as to let in the sunshine and the use of coal oil on the water to kill the larvae. Residences should not be within two hundred yards of stagnant water and should have a space free from trees between the house and the water in order that the sun may get in its work. They should be supplied with screen doors and windows and mosquito bars should be used on the beds. All the people should be warned against allowing mosquitoes to bite them, particularly at night and, to that end, when mosquitoes are present people should sit inside their houses after night.

I have quoted freely from many works without giving credit, mainly from Sajous' Cyclopaedia, Nothnagel's Special Pathology, Loomis, Thompson's American System and numerous journals.

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*PREGNANCY COMPLICATING TYPHOID FEVER—REPORT OF A CASE.

H. H. RAMSAY M.D.,
PERKINSTON.

Mr. Chairman and Gentlemen of the Harrison County Medical Society:

In presenting to you this paper, I shall state that this is my first effort and ask your kind indulgence if you do not find it interesting. It is not my intention to bring out anything new or especially original for your consideration, but

*Read before the Harrison County Medical Society.

simply to impress upon you something which the practitioner is apt to encounter and which will require his best skill and judgment to manage successfully.

The case which I shall endeavor to give you in detail was one of unusual interest to me and I shall be glad to hear a free discussion of some of its features which I freely admit are obscure to me.

On August 2nd. 1903, I was called to see Mrs. B., three and one-half months pregnant, and upon entering the room found her crying frantically and in a most distressed state of mind. Her first remark to me was: "Doctor, I believe I have typhoid fever and that I am going to die." This idea was drawn from the fact that her twelve year old daughter was just convalescing from that disease.

Upon examination I found her suffering with an intense occipital headache, dry, coated tongue, some nausea, constipation, muscular soreness, tender spleen, very tympanitic abdomen with gurgling in right iliac fossa, pulse 92, temperature 101 3-5°F., all of which caused me to strongly suspect the correctness of her diagnosis. There were no rose spots on the abdomen, nor did any appear there, but two days later I discovered several rose spots on the chest which disappeared on pressure and which I concluded were the rose spots of typhoid fever, but just here I shall state that I do not think this of much importance as I have seen many cases of typhoid fever in which this sign was altogether absent.

My patient stated that her head had been aching for several days but she, thinking it was one of her usual spells, did not realize her condition until overcome by depression which caused her to take the bed. She also stated that she had had slight chilly sensations at intervals, or what she styled "dumb chills," and in order to eliminate malaria, notwithstanding the pregnant state, I began the initial treatment with a mercurial purge, and three grain doses of quinine sulphate every three hours, with orders for the patient to be restricted to a liquid diet. Returning on the following morning I found the temperature at 101°F., pulse 90, and patient in an exceedingly nervous state. At this time she was cinchonized and to this fact I partially attributed the nervous symptoms. The nausea previously observed

had become more aggravated and vomiting was almost continuous. For the relief of this distressing symptom I tried fractional doses of calomel, cerium oxalate and bismuth subnitrate without avail. Continuing my effort I thought of ingluvin and, not having that preparation at hand, ordered a decoction made of the gizzard of a chicken and administered it in teaspoonful doses every fifteen minutes with an excellent result. The mercury administered previously had acted and the abdomen was freed from some tympany. I continued the quinine and small doses of acetanilid for the headache and temperature, the latter gradually increasing. I returned on the following morning and found pulse 98, temperature 102 1-5°F. At this time prostration and all symptoms were pointing plainly to typhoid fever and accordingly I began treatment for that disease, which consisted of small doses of mercury, castor oil emulsion, liquid peptonoids, cool sponging, etc., withdrawing quinine and acetanilid.

Within a few days the evening exacerbation had reached 105½°F. when not kept down. If teaching is correct the foetus at this same time had a temperature of 106½°F. and I was looking for a miscarriage at any time. This high temperature continued for three or four days when there was a gradual remission, which point I designated the end of the second week. Prostration became more extreme and bold stimulation and careful nourishment were resorted to. At about the end of the third week, when morning temperature was almost normal and evening temperature not over 101°F., I was hastily summoned and thinking all danger of miscarriage past could not imagine what the urgent call was for, but upon reaching my patient found her in labor. Very soon I delivered her of two male children at about the foetal age of four and one-half months. They showed no signs of decomposition, but on the other hand were fresh and apparently alive when labor came on. Following them there was considerable hemorrhage, and during my manipulation for the placenta a violent chill came on which lasted for nearly an hour. I gave a hypo. of strychnia sulphate 1-40 and morphine 1-4 and packed hot bottles about the patient. After chill subsided, temperature began to rise and continued in spite of antipyretics until it had reached 105½°F. Patient was wild and I feared a fatal termination

shortly and remained over night. During the night a gradual remission came, and by morning the temperature was only 101½°F. During the evening of the same day temperature was 102 3-5°F., but gradually declined, resuming the original typhoid course and finally left patient entirely —she finally recovering after a long convalescence.

Now the obscure points in this case to me are: First, the cause of the miscarriage. It could not have been the quinine, for it had been withdrawn for more than ten days. It could not have been caused by high temperature, for patient had had no temperature to amount to anything for about seven or eight days. Was it long continued temperature? Second, the cause of the chill and high temperature after delivery. I shall be glad to hear these points discussed.

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*PELVIC ABSCESS.

A. G. PAYNE M.D.,
GREENVILLE.

In presenting this broad subject I do not at this time wish to speak of the many conditions which exist in the female pelvis, which should rightly come under the term pelvic abscess, namely: pyosalpinx, ovarian abscess, pelvic abscess, but it is to the latter that I wish to briefly call your attention.

Pelvic abscess arises almost without exception from either septic or specific infection and if any one will take the time and pains to do so he can readily trace infection and the resulting condition to gonorrhoea or abortion.

The abscess is the result of an inflammation caused by the transmission of gonorrhoeal virus through womb and fallopian tube and leaking through the fimbriated end of the tube or from absorption of debis left in the womb after an abortion. This I contend is the main cause of such conditions, but of course will admit that some cases are produced by poisons absorbed during the puerperium and from infection carried by dirty instruments during an examination, however, the results are the same, from whatever cause, and the inflammation once started, it usually results in either pyosalpinx, ovarian abscess or pelvic abscess.

*Read before the Washington County Medical Society.

In most cases when we are consulted by the woman we find pain the most predominant symptom, accelerated pulse and temperature, with decided tenderness and pain on digital examination. Possibly now the condition is not so bad as to urge an operation and we use saline purges, anodynes, tampons, ice bag, etc. But in most cases we are unable to arrest the formation of pus or absorb that which is already there, and advise the poor sufferer that something more rational should be done.

Having a case of pelvic abscess and something must be done, what way can we relieve the condition with the least danger to the woman and with satisfactory results?

There has been a great deal said on this subject, some claiming that the abdomen should be opened in any case with pus in the pelvis, while others say nay and can quote from no greater men in recommendation of the vaginal route than Kelly, Pryor, Goff and Montgomery who assert that fifteen of sixteen women with pelvic abscess can be cured by this method, not by them, but in the hands of any competent man. I will say, however, in justification of my views, that a diagnosis should be made before any operative interference is attempted, one should know positively what he has to encounter before going into the pelvis by vaginal route. This can usually be ascertained by an examination under narcosis and, if pelvic abscess exists, with the aid of a trocar. I say usually, because I have had cases in which I was doubly sure I had to deal with a case of pus in the culdesac where repeated punctures with the trocar failed to draw pus when the bistoury showed it up.

The great and only trouble arising from doing this work by the vaginal route arises from not doing thorough work. When vaginal incision is done it must be thorough or else we must expect such results as we get from inefficient work in any line of surgery.

One can not do good work in this or in any other field of surgery unless he has the proper instruments any more than he could do a laparotomy without being prepared. One should have the necessary vaginal retractors and other vaginal instruments the same as he would have if he were making an exploratory laparotomy, because if he find a pyosalpinx or ovarian abscess he need not fear to either resect or drain the same through the vaginal route and very probably with better results than enucleation through the abdomen. Mere puncturing or aspirating the sac is the cause of future trouble, where a free incision with plenty of gauze drains would have given the most gratifying results.

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

We publish in this issue a communication from Dr. Kendrick, president of the Department of Public Health, which should be of interest to every member of the Association and should be considered carefully. We have been accustomed to look upon our medical act as something superior to the laws governing such matters in less favored states and to plume ourselves that such is the case. But since our supreme court has decided that the practice of osteopathy is not the practice of medicine as defined by our laws, we must either have them amended or admit that we are no longer in the van of progress.

We would suggest, therefore, that our Committee on Legislation have framed a suitable law "for the suppression of osteopathy" to be acted upon at the next meeting of the Association. We would have them come out boldly and state what we want and why we want it. Ordinarily a law intended for such a purpose is purported to be "a law regulating the practice of medicine," and then some judge who lacks gray matter says it doesn't apply. There is no use going at it in this way. It doesn't deceive anybody. The osteopaths know it is directed against them before it has even been introduced and immediately take the train to Jackson to fight it. Come out in the open and say "We want the practice of osteopathy in Mississippi abolished" and the members of the legislature will have a higher opinion of us than if we come before them with a law that can be read in half a dozen different ways.

Then it will be a battle between medicine and osteopathy and if we don't win it will be our own fault. We are organized in fifty-two counties, according to the last report of the secre-

tary, and by April will undoubtedly have other societies. And does any one imagine that we, with our organization, are going to be beaten by these stray irregulars? Take a county with fifteen or twenty organized physicians and two or three osteopaths. The physicians are for the most part educated, progressive gentlemen—their opponents for the most part uneducated ignoramuses. If the former make it their business to make a personal appeal to the legislators of their county what will be the result? It will take one effort—"a long pull, a strong pull, a pull all together."

The minutes of the Association for the past two years record little or nothing of work done by our various standing committees. They leave one under the impression that the chief reason for having these committees is to give particular prominence to a few members of the Association each year. We suggest to the members of the Committee on Legislation that this is a year of all others for a departure from this custom—the opportunity of all others for them to win laurels for themselves and confer a benefit on their medical brethren and fellow Mississippians.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

KENDRICK, MISS., January 9th. 1905.

It is only a short time until the State Medical Association and the Mississippi department of public health will convene in Jackson; and between now and that time the physicians of the state should consider seriously what they want and what they do not want at the hands of the legislature which will convene in Jackson next January.

At the meeting in April there should be a full and free discussion of all subjects that are likely to be considered by the law-makers at their next session. A new code will be adopted by the next legislature, and there is no doubt but that there will be a strong effort made to change very materially some of the laws relating to the board of health and the medical profession generally. No doubt those members of the legislature who are favorable to the medical profession will be willing to do all they can to carry out the wishes of the doctors as expressed in their organizations. But in order

that they may do this we must speak out in unmistakable terms as to what we want. Let us have a full meeting, and let us come prepared to decide what will be best for us and the people along these lines. The opposition will be there in full force and well organized. Those who have to fight our battles will be glad no doubt to have the expressed will of the association to help them in the contest. If possible we should all agree on what is best, and then let us all work together to get the law-makers to agree with us. If we sit down idly and do nothing we may expect to lose; and we will have no one to blame more than ourselves. There is more in this than many are thinking at this time.

C. KENDRICK M. D.,
Chairman Department of Public Health.

COUNTY SOCIETIES.

CLAY—OKTIBBEHA COUNTY MEDICAL SOCIETY met in the parlors of the Jackson House, West Point, December 29th. 1904. There were ten of the twenty-one members of the Society present. In the absence of President Ivy and Vice-President Montgomery, Dr. Barr of the Agricultural College was elected temporary chairman. Dr. A. H. Rice of Oktoc was admitted to membership. A motion extending the congratulations of the society to Dr. Ivy and his bride and to Dr. Bridges and his bride was passed unanimously. The society then repaired to the dining room of the hotel where an elegant banquet was served. A toast "Medical Ethics" was responded to by Dr. P. R. Brown, setting forth the duties of the physician to his professional brother. Rev. Dr, Greenwell handled "The Physician" in his usual concise and happy manner. When all had been said that there was to say and all had been eaten that there was to eat, all departed feeling that it was well with them that they were there.

THE SOCIETY HAS ADOPTED THE FOLLOWING PROGRAM FOR 1905.
MEETING AT STARKVILLE, MARCH 23RD.

President's Address—Dr. J. S. Montgomery, Starkville.

Papers by Dr. S. R. Deans, West Point; Dr. J. W. Edwards, Sturgis; Dr. Chas. Bridges, Pheba; Dr. W. C. Stiles, Starkville; Dr. O. C. Brothers, West Point.

MEETING AT WEST POINT, JUNE 22ND.

Papers by Dr. W. H. Barr, Starkville; Dr. A. F. Richardson, Sturgis; Dr. J. W. Unger, West Point; Dr. D. H. Fondren, Maben; Dr. A. K. Naugle, Caradine; Dr. C. W. Jordan, West Point.

MEETING AT STARKVILLE, SEPTEMBER 21ST.

Papers by Dr. A. H. Rice, Oktoc; Dr. F. M. Smith, Cedar Bluff; Dr. E. D. Yeats, Starkville; Dr. J. W. Crumpton, Sturgis; Dr. W. W. Boyd, Osborn; Dr. P. R. Brown, West Point.

MEETING AT WEST POINT, DECEMBER 28TH.

Papers by Dr. T. G. Ivy, West Point; Dr. J. W. Eckford, Starkville; Dr. S. S. Thomas, Maben; Dr. W. D Hubbard, West Point.

Holmes County Medical Society met at the court house in Lexington on the 13th. day of December. Present: Drs. W. D. Smith, President; J. T. Buck, Secretary; G. C. Phillips, H. Christmas, T. W. Foster, B. A. Shepherd, R. H. Baker, J. W. Jordan, C. O. Buck, M. H. Roberts, W. H. Doty, A. M. Doty, and A. H. McBee. All correspondence having been read by the Secretary, the business of the election of officers was brought before the house, and Dr. W. D. Smith of Franklin was re-elected President, Dr. G. C. Phillips of Lexington was elected Vice-President and Dr. J. H. McBee elected Secretary and Treasurer, for the year 1905. Dr. Smith read a paper on Lobar Pneumonia which provoked a general discussion. Dr. W. H. Doty read a very interesting paper on Grippe. On account of the lateness of the hour the meeting now adjourned and the remainder of the programme was continued until the next meeting.

Marshall County Medical Society held a meeting and banquet at the I. C. Hotel, Holly Springs, December 28th. Resolutions of respect to the late Dr. J. H. McClatchey were adopted. Election of officers for 1905 resulted as follows: F. P. Boatner, Potts Camp, President; S. C. Gholson, Holly Springs, Vice-President; R. A. Seale, Holly Springs, Secretary-Treasurer; Censor for three years, T. A. Moore. The next meeting was ordered for January 23rd., at which papers will be read by Drs. Chesley Daniel and R. A. Seale, the discussions to be opened by Drs. T. A. Moore and J. W. Vaughan. On motion of Dr. Vaughan a query box was established.

Perry County Medical Society met December 30th. and elected the following officers for 1905.—W. W. Crawford

President, R. B. Stapleton Vice-President, B. T. Moseley Secretary-Treasurer, C. W. Bufkin Censor, Delegates to State Association R. B. Stapleton and I. H. C. Cook. The members of the Society deeply sympathize with Dr. W. W. Wally of Richton, a member of this Society, in the loss of his brother, who accidently shot himself after a hunt at Richton. The dispatches stating that Dr. Wally was killed are erroneous. The members of the society deeply sympathize with Dr. W. W. Crawford. His new infirmary was burned just as it neared completion. He still occupies a rented building and will rebuild immediately. There is some talk of a permanent home for meeting place for this society, a medical building, but nothing definite as yet.

Warren County Medical Society met in Vicksburg January 10th. Dr. S. Myers, in an unusually interesting paper, discussed the growing tendency on the part of physicians to the use of patent medicines. The discussion was exceedingly animated and the society requested Dr. Myers to volunteer the paper to the section on Materia Medica for presentation at the next meeting of the State Association. Dr. H. B. Wilson presented a paper on "Membranous Croup" which elicited general discussion.

Washington County Medical Society met in Greenville January 4th. with a good attendance. Papers were read by Drs. J. D. Smythe of Greenville, E. A. Cheek of Arcola, A. S. McCown of Memphis and A. G. Payne of Greenville. Several new members were admitted and several more applications for membership received. Officers for 1905 were elected as follows: H. L. Sutherland, Rosedale, President; E. P. Odeneal, Greenville, Vice-President; M. O. Shivers, Greenville, Secretary; E. A. Cheek, Arcola, Delegate. The society meets quarterly in Greenville.

IN MEMORIAM.

Read by Dr. Chesley Daniel before the Marshall County Medical Society, December 28th. 1904.

Mr. President and Gentlemen:

This would seem a fit occasion for reflection and for a review, in part at least, of the past year. I will speak with especial reference to those who have been taken from us.

A little more than two years ago this Society was organ-

ized. Since that time, death has made deep inroads into our small number. At this time last year we met in this hall around the banquet table, and, though nothing was said, yet doubtless all felt the incompleteness of the occasion. We might have asked ourselves the question—"Why had we met in this hall? Why not at another place?" The solemn and impressive answer would have come. Because the soul of the big-hearted, hospitable Dr. R. H. Peel, our then honored president, had taken its flight into the world beyond. Just before our gathering here, when the question of a place and time for holding a banquet was being discussed, with his accustomed generosity and old time hospitality he promptly said: "It will be my pleasure to entertain the Society at my home."

Before the time appointed had rolled around, while the doctor was hunting in Tallahatchie bottom, a pastime in which he so much delighted—among the trees he loved so well and with God's sweetest songsters, the birds, to carol his dying requiem, his spirit left its tenement of clay and took its flight into the presence of its Creator. So he rested from his labors and so at our festal board there was "one vacant chair." To-day, there are two vacant chairs. Another who would have been delighted to be with us; to lend us his counsel, to enter into our enjoyment and whose presence was always welcome, has also laid aside his mantle and gone, we doubt not, "where the wicked cease from troubling and the weary are at rest."

On the 9th. of this month, Dr. John H. McClatchey was seized with that fatal malady—malarial haematuria. On the morning of the 18th. he breathed his last. It was my mournful duty as well as esteemed privilege to assist in ministering to him in his last illness. Between Dr. J. S. Sharp of Grenada, Dr. M. F. Scruggs and myself, he was at no time, or but a few hours, without the presence of a physician. With the assistance of his kind neighbors, who never wearied nor faltered in their ministrations, all was done that could have been done for his recovery. He seemed to have been doomed from the beginning of the attack. After thirty-six hours the kidneys almost entirely failed to perform their function.

He fully realized his condition, and talked freely and fearlessly to his family and friends as to his and their future,

and so, "with an unfaltering trust," approached his grave

> "Like one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

Whereas, in the dispensations of a Divine Providence, since our last meeting, death has again invaded our Society, and this time claimed for his victim our friend and co-laborer Dr. John H. McClatchey, therefore, be it

Resolved, that in the death of Dr. McClatchey this Society has lost an earnest, efficient and useful member; this community a valuable citizen, his wife and children a kind, indulgent and loving husband and father, and his clientele a highly esteemed and much beloved physician, ever ready to respond to their calls for help, even when on account of fatigue and feeble health he had almost to be carried into their houses; and whose place, they feel, cannot be filled by any other.

Resolved, that a copy of these resolutions be spread on the minutes of this Society and furnished the family of the deceased, and that publication of same be requested of the *Journal of the Mississippi State Medical Association*.

Resolutions of respect to the memory of Dr. John H. McClatchey, read by Dr. S. C. Gholson before the Marshall County Medical Society, December 28th. 1904.

The grim destroyer has again invaded our ranks and removed therefrom our esteemed confrere Dr. John H. McClatchey.

Resolved therefore, that while we bow in humble submission to the fiat of the Almighty, we can but express our deep and heart-felt grief at the untimely death of Dr. McClatchey.

Resolved, that we extend to his family, to his relations and to his patrons whom he so faithfully served, our earnest sympathy and condolence in their bereavement.

Resolved further, that a copy of these resolutions be sent to his widow, also to our county papers and to the official journal of this Society for publication.

LETTERS TO THE EDITOR.

Ripley, Miss., January 5th. 1905.

Dear Editor:

The January issue of the *Journal* just received, and having read your editorial in reply to criticism of *Memphis Medical Monthly*, I feel I ought to write commending you for same. I did not see how you could have said less than you did in a former number, nor did I think you intended to give offense to the erring ones. Either have that clause enforced or repeal it.

For some years I have been of the opinion that in the main this class of papers has been read more for individual benefit than for the profession at large. But granting these as advertisements, does it not seem to you that the writer would get more benefit if his views were presented to more than those who are in attendance when it is read, many of whom soon forget its contents, when if it were printed in our transactions it could be readily referred to when needed.

I hope your efforts in this may be successful and that hereafter this rule may govern all who may contribute.

Wishing you a more successful year in this work you have done so well for us

I am, yours truly,

C. M. Murry.

Rosedale, Miss., January 1st. 1905.

Dr. E. F. Howard, Editor Journal Mississippi State Medical Association, Vicksburg:

Dear Doctor:—I had intended to ask you before going to press to add a note to my paper on Scurvy saying that a day or two after concluding it the boy had convulsions and coma for a day or two and died—thus leaving the diagnosis of Scurvy in doubt. I think, in my paper, I stated that an examination by Dr. Charles W. Stites showed no ova of uncinaria.

Very truly yours,

H. L. Sutherland.

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SPECIAL ARTICLE.

THE PAN-AMERICAN MEDICAL CONGRESS HELD IN PANAMA

January 2nd. 1905

REPORTED FOR THE *Journal* BY A SPECIAL STAFF CORRESPONDENT.

Two vessels belonging to the United Fruit Company—the *Beverly* and the *Ellis*—left the wharf of New Orleans on the 28th. of December, 1904, bound for Colon, Panama, carrying a number of delegates to the Pan-American Congress which was to be held on the 2nd. of January, 1905, in the city of Panama, Panama. The *Beverly* sailed first and carried the greater number of delegates; a few hours later she was followed by the *Ellis*, a much larger and more commodious vessel, on which, in company with Dr. Jno. W. Thomas, the chief quarantine officer of Louisiana, your correspondent, delegate from the Mississippi State Board of Health, took passage. The trip to Colon was placid and pleasant, though uneventful. After leaving the mouth of the Mississippi river, we sighted land first on the second afternoon out, when we passed Cape San Antonio, the western extremity of the Island of Cuba. The following afternoon Swan Island was sighted to the east of us, to be followed by St. Andrews Island the next afternoon. After four and a half days' steaming over the Gulf of Mexico and Carribean Sea we touched the dock at Colon, where we joined the party of twenty-two doctors who had preceded us on the *Beverly*, that had dropped anchor in this harbor six hours ahead of us. The whole party was taken in charge by a committee from the Congress, who escorted us to the depot of the Panama railroad where the regular

noon train was waiting and which landed us in the city of Panama three hours afterwards. The trip across the Isthmus, a distance of forty-two miles, was replete with interest from beginning to finish, as was noticed the remains of the Frenchman's effort at canal construction. There remains a line of hardware from Colon to Panama, consisting of hundreds of locomotives, thousands of shovels, materials for bridges, dump cars, dredges and all kinds of utensils that can be used in a work of this kind; all of this being unprotected against the weather except such as is gotten from the vines and tropical vegetation which has almost succeeded in covering it. The Congress was not very largely attended, there being probably about seventy-five delegates present, most of whom came from the states. Mexico, Peru, Cuba, Costa Rica. and one or two other countries were represented. The ship *Athos*, sailing from Baltimore with twenty-five delegates, did not reach Colon until the last day of the meeting. Notwithstanding the smallness of the attendance the meeting was a very enjoyable one. On the evening of January 2nd., following a reception by the President of the republic in the afternoon, the Congress was opened by President Amador. The first session was devoted to listening to addresses by Mr. Wallace, the engineer in charge of the construction of the canal, and Mr. Tracy Robinson, a citizen of Panama and once Minister from the States of Columbia. These addresses were most interesting, affording much information that could not have been gained in any other way. Mr. Wallace stated that up to the present time no information has emanated from his department dealing in any way with what is proposed to be done, or with the possibilities. He stated that both the lock and dam canal, as well as the sea level, are feasable. The latter, while more expensive in both cost and time, is the best. He stated that we did not buy a gold brick when the purchase of the franchise was made of the French company. A number of items from the inventory of the purchase were cited, as for instance the houses. There were twenty-four hundred of them, sixteen hundred being in a very good state of preservation. Several hundred locomotives that can be used in the work was another item, besides thousands of dollars worth of hardware. The Panama railroad is another considerable item. From Mr. Tracy Robinson we learned

that the net earnings of this road at one time reached the amount of fourteen million dollars annually. This road runs four passenger trains each way daily, besides a number of freight trains.

Amongst the problems to be solved by the engineer department is the disposition of the Chagres river of which has been heard so much, and from which the deadly Chagres fever derives its name. Not only is the bed of the river to be utilized as the course of the canal in some part, but the disposition of the surplus water is a considerable problem. It is proposed to utilize the power derived from this river to generate electricity for lighting the cities and points along the canal and also for the purpose of operating the railroad and the street cars in both of the cities at either end of the canal. The affording of a potable water supply all along the canal is another feature. The water for both cities will have to be brought a considerable distance, that for Panama from near Culebra, twelve miles distant, the reservoir of which has already been completed. The city of Colon, which now lies on marshy soil, is to be raised seven feet, is to be sewered and put in a good sanitary condition. The city of Panama is located on the side of a mountain. It has no sewerage or water supply as yet, all of which is to be rectified by the engineering department.

Col. Gorgas, who was chief sanitary officer of Havana and to whom the credit of ridding Havana of yellow fever is due, who is now chief sanitary officer of Panama, addressed the convention briefly, setting forth what was to be done for the protection of the canal from a sanitary point of view. The hospitals formerly used by the French have been put in good repair and are now in use. Besides the hospitals at Colon and one or two small ones along the line of work, the chief ones are located at Ancon, a suburb of Panama situated on the mountain-side overlooking the Pacific ocean, a most desirable and healthy site and which, I was told, was established by the French at a cost of four millions of dollars. In addition to this system of hospitals there is a sanitarium located at Taboga Island where the sick are sent for recuperation. The principal diseases found to cope with are of malarial origin. By blood examinations it has been established that seventy per cent. of the dwellers along the line of

the canal are entertaining the malarial parasites in their blood. For the prevention of malarial poisoning it is recommended that each individual take at least three grains of quinine each day, preferably at night, and I found that some have adopted quinine as the second course at dinner. Just after soup the little vial is passed around and each guest takes the little tablet. Besides the quinine, it is of course urged that the mosquito bar be used for protection. Of all diseases prevailing on the Isthmus, Beri-Beri is the most fatal, though fortunately not prevailing very extensively. Recently Yellow Fever has appeared in the city of Panama, there having been six or seven cases occurring during the three weeks prior to our leaving there. The cases were not confined to any one part of the town, showing that the infection exists in several localities. Should there be a great increase in the number of non-immunes, it is reasonable to anticipate the prevalence of the disease to epidemic proportions. Colon has been considered as a non-infected place, but owing to its close proximity to Panama it may be considered dangerous territory and liable to infection at any moment. The distance between the two places is only forty-two miles and the time consumed by the fast trains in making the trip is two hours. The entire Isthmian strip may be considered infected territory and a menace to the Southern, Atlantic and Gulf States during the coming season, one to be closely watched that we may not import some of its Yellow Fever. The quarantine is in the hands of Surgeon H. R. Carter of the Public-Health and Marine-Hospital Service of the United States, who is assisted by an able corps. All ships coming into the ports of the Canal zone are carefully scrutinized, and disinfected when necessary. Detention camps are arranged for the entertainment of passengers who may be taken from the infected ships. The "camp" at Panama is delightfully located on the side of the mountain, overlooking the Pacific ocean, and is a commodious house with a capacity for entertaining thirty people. New Orleans, being the most important port of entry in the south, is considered our danger point, and to the Louisiana State Board of Health we look for protection against the importation of Yellow Fever. The gentlemen composing that Board are fully alive to their responsibility and are adopting the necessary precautionary

measures. They have representatives stationed at each of the infected points of the south, besides having a quarantine and disinfection station at the mouth of the Mississippi river, under the care of Dr. John W. Thomas, an experienced and capable man, where all incoming ships are inspected and overhauled. The Pan-American Congress was in session four days and many interesting and scientific papers were read and discussed. The most interesting discussion was elicited by the reading of a paper contributed by Dr. Carlos J. Finlay on the sanitary conditions of Cuba since the proclamation of the Republic, in which he attributed the disappearance of Yellow Fever solely to the destruction of the *Stegomyia*. Several delegates took issue on this point and the Congress resolved that while the mosquito is the principal means of Yellow Fever propagation, it is not wise to attribute its spread exclusively to this insect, but urged its destruction. The meeting adjourned to January 5th. 1906 and Guatemala City was selected as the place for the next meeting. A number of the delegates sailed for Havana on the *Athos* for the purpose of attending a meeting then in session there, and many returned to the United States on the United Fruit Company's steamer *Brighton*, arriving at New Orleans after a voyage of eight days. All expressed themselves as well pleased with the trip and there was a general expression of the belief that the canal would be a reality within a few years.

Sudden whitening of the hair is well authenticated, being known for centuries as recorded poetically by Byron in the "Prisoner of Chillon," says the *Medical Times*. Darwin tells of a man who, while being led to execution, became gray before the eyes of the spectators. Laycock records the case of a Sepoy who became gray in a half hour. Cantrell reported an interesting case in his clinic, a man of 45, whose moustache became white in twenty-four hours and in ten days his whole head of hair changed its color to white. Brown-Sequard watched his own hair change; it occurred so rapidly that he could note the change daily. Henry of Navarre had his hair change in twenty-four hours.—*Journ. A. M. A.*

ORIGINAL CONTRIBUTIONS.

*TREATMENT OF LOBAR PNEUMONIA.

WALTER C. BREWER M.D.,
COLUMBUS.

The object of my paper this morning is not to offer new methods in the treatment of pneumonia but to provoke discussion, at an opportune time, hoping that we may profit by an interchange of personal experience in dealing with this disease.

Lobar pneumonia, says Smith, "is an acute disease in which a specific parasite invades the air cells of one or more pulmonary lobes, where it grows in a fibrinous medium exuded from the functional capillaries, and generates a toxin that infects the system at large."

In dealing with this disease we are confronted with the fact that however varied the methods employed, they all have substantially the same aim, namely, to maintain the efficiency of the heart, which through a brief period of a self-limited infection is subjected to most severe strain. The quieting of the heart's action is therefore a question of great importance at the outset, and yet it is exactly this phase of the treatment which is most difficult to formulate to any degree of satisfaction, for it cannot be successfully executed by any fixed rule.

Each case necessarily presents its own personal equation, also other problems which tax the judgement and wisdom of the physician to the limit.

Thus in strong, plethoric cases with a full bounding pulse and evidence of a vigorous heart irritated into too great activity by an existing toxemia, aconite or veratrum in minute doses may be given for the first thirty-six hours, but not longer, for as soon as the heart becomes less active it is best to discontinue cardiac sedatives and wait for the first evidence of heart fag before beginning stimulation.

In sustaining the vital powers we should ever be mindful of the importance and necessity of proper balance between intensity and force of heart, and volume and force of pulse.

Thus at the first evidence of flagging heart, strychnine, strophanthus, caffein or other heart tonics should be given.

* Read before the Lowndes County Medical Society.

In my hands strychnine has proven the best form of cardiac stimulant, because it also improves the vascular tone. However digitalis, combined with nitroglycerin to relax the peripheral vessels, is often given. Much harm in my opinion is done by routine use of digitalis. This drug increases the peripheral resistance, and therefore adds to the labor of the heart, while at the same time it favors venous congestion by lessening the capacity of the arterial system. Its use is admissible when cardiac arythmia is present, but it should always be guarded by an arterial dilator.

It is a great mistake and a very common one to overestimate a heart which if left to itself would act well enough, and when stimulation has produced a marked improvement in the heart force and pulse tension it may often be reduced, or even withheld for some hours, to advantage. Alcoholic stimulation may be required from the first, particularly in old age and those cases addicted to its use; the indications are a small, thready pulse or persistent delirium in alcoholic subjects. If the pulse loses in frequency and gains in force, the temperature shows reduction and the tongue becomes moist, we may be sure the alcohol is doing good.

For reduction of excessive temperature, cold sponging and ice-cap to head are the most available means. The full bath should never be used in this disease. When the fever produces extreme jacitation, the coal tar preparations may be employed very cautiously and for brief periods.

Disorder of the intestinal tract should receive especial attention in prevention and treatment, as such a complication may give rise to evil effects in two ways, viz: mechanically, the abdominal distension embarrassing respiratory movement, and toxic absorption of poisonous products.

It is well to relieve the bowels by an efficient cathartic, and for this purpose nothing answers so well as calomel, after which the bowels should be kept open by a saline laxative. Tympanites in pneumonia should be dealt with as in typhoid fever, by a restricted fluid food, frequently changed if indicated, administration of salol, use of turpentine stupes, or by giving some stimulating enemata.

The use of diuretics is often advisable, as the eliminative power of the kidneys figures a great deal in the prognosis of this disease. My custom is to order water given freely and

at stated hours and, if indicated, I prescribe an alkaline diuretic.

Hypnotic measures in pneumonia should receive careful attention, always employing the mildest effectual remedies and giving morphine only as a last resort.

Local applications to the chest will in my opinion have a beneficial effect, and especially do they add to the comfort of the patient; also the fact that something is being done for the affected area has a mental impression on the patient. I usually order the common mustard plaster, or antiphlogistine.

It is a question in my mind whether or not any good effect is gained in the employment of expectorants in pneumonia, it had best be said that in general they are contaaindicated. Many patients do well where expectoration is trifling, not more than a few drams throughout, and the symptom is of no prognostic value one way or the other.

The high temperature and toxemia alone inhibit or alter the normal digestive secretions, and the introduction of expectorants is prone to upset the stomach, thereby interfering with assimilation of nourishment, stimulants and other medicines. Thompson says there are but two theoretical grounds for their use; to rid the system of possible toxic material from the pneumonic area and to rid the bronch of tenacious secretions which might lessen their lumen and render breathing in the normal lung more difficult.

In regard to the first of these factors, during the period of dense consolidation when the patient is usually at his worst, there is but little material capable of expectoration from the solidified lung, and it is not to be expected that the trifling amount of toxic substance which the system might contain is of any importance in comparison with the toxemia of the system. The effort of coughing is both exhausting and painful to the patient, and attempts to increase it at this period are not advisable. As the pneumonic exudate softens the patient is usually far on the way toward defervescence or even convalescence, and it makes little difference whether the exudate is reabsorbed or expectorated. With regard to the second factor, in those cases in which there is somewhat copious tenacious bronchial secretion, the efforts at frequent coughing may prove very exhausting and although this secre-

tion is presumably incapable of adding to the general pneumonic toxemia it may be well to aid its removal with one or more of the ammonium compounds, such as the chloride or carbonate, in some simple syrup.

The advocates of specific medication in pneumonia hold that a correct treatment must recognize that the disease is essentially a germ culture going on in the air cells of the affected part, therefore the issue is to inhibit this germ growth, thereby arresting all pneumonic changes in the lung. The material exuded into the air cells must contain its share of any substance circulating in the blood from which the exudate is derived. This makes it possible to impregnate the exudate with any desired medicament, including one inimical to the pneumococcus.

However beautiful this theory reads, the number of remedies advanced as so-called "specifics" in pneumonia during the past decade is proof that their alleged value has not been recognized by the profession at large, and the literature of the subject affords instructive testimony as to their futility.

Only a few years ago carbonate of creosote was much praised as a specific in the treatment of pneumonia, but as evidenced by the literature of the present day, we find that its alleged value has not been sustained by the profession. Salicylate of soda is another so-called specific, and my personal experience with this agent in pneumonic cases during the past winter warrants me in saying that it is an excellent remedy, however I do not claim it to be a specific in the treatment of this disease though it added much to the comfort of my patients and in not a few of my cases defervescence came by lysis.

Dr. George Peabody claims to have treated sixty consecutive cases with the salicylates in which defervescence came by lysis in thirty-two per cent.

The hygienic care, the importance of rest and the necessity of fresh air in treatment of pneumonia are subjects agreed upon by the profession, therefore I will not consume your time in their discussion. I am well aware that there is much more to be said regarding the treatment of pneumonia, but I have purposely confined my remarks to what seemed most important in my work.

It has always seemed to me that good nursing and the exercise of constant watchfulness should outweigh much medicine.

*REPORT OF A CASE.

RICHARD M. BOYD M.D.,
HOUSTON.

I was called in November to see Miss B.; age 18, previous health good; who had been complaining for ten days with slight headache and pains in bowels. She had been in bed only a portion of the time. On examination found temperature 101°F., pulse 90, respiration 22. Tenderness over entire abdominal region, especially in right iliac fossa, where there was some gurgling. Slight distention of bowels. Tongue pointed, as red as a beet and covered with small blisters, each being circumscribed, thirty or forty perhaps on entire surface. Expression indifferent and skin pale, cold and covered with sticky perspiration. Bowels constipated. Kidneys acting well. Slight frontal headache with extreme nervousness. Complained of bones aching. No nausea. Appetite good. Slept only during latter part of night, very hard to arouse in early morning, at which time she thought she was having chills.

Put patient on following treatment: Mercurial purge at once and capsule containing Guaiquin gr. iv, Sodium Salicylate gr. v, Ext. Nucis Vom. gr. 1-16, every four hours. Suspected typhoid fever, and gave instructions accordingly.

Second day, 6 P.M. Temperature 100°F., pulse 70, respiration 18. Other symptoms unchanged. Treatment continued.

Third day, 6 P.M. Temperature normal, pulse 70, respiration shallow, about 16. Treatment continued.

Fourth day, 6 P.M. Temperature 97°F., pulse 56, respiration 16. Other symptoms the same, except belly tenderness was more localized in right-iliac region. Put her on Guaicol Carbonate gr. v, Hyd. Chlor. Mit. gr. 1-10, Podophyllin gr. 1-20, every four hours, and Strych. Sulph. gr. 1-50, Spartein Sulph. gr. 1-2, every four hours, also Emuls. Olei Terebinth U. S. P. every six hours.

Fifth day, 6 P.M. Temperature 95°F., pulse 50, respiration 15. Temperature remained subnormal for forty-eight days being something like 95°F. in the morning and 97°F. in the evening. I append the following chart to show record.

* Read before the Chickasaw County Medical Society.

1904.		Temperature			Pulse		Respiration	
		9 A.M.	12 M.	4 P.M.	9 A.M.	4 P.M.	9 A.M.	4 P.M.
November	1	100	100½	101	80	90	20	22
	2	99½	100	100½	70	76	16	18
	3	97½	98	98	60	68	15	16
	4	96	96½	97	50	56	15	16
	5	94½	95	96	40	48	15	15
	6	95	95½	96½	42	49	15	16
	7	95	95½	96	40	47	15	15
	8	95½	96	96	42	48	15	16
	9	95	95½	95½	40	45	15	15
	10	96	96½	97	42	48	16	16
	11	95½	95¾	96¼	40	45	15	16
	12	95	95½	96	40	44	15	15
	13	95	95½	96	40	44	15	15
	14	95½	96	96¾	42	48	15	16
	15	96	96½	97½	44	48	15	16
	16	96	96¾	97¾	44	48	15	16
	17	95½	96	96¾	42	46	15	16
	18	96	96½	97	40	44	15	15
	19	96½	97	97½	42	48	16	16
	20	96½	97¼	98	44	49	16	17
	21	97	97¼	98	44	49	16	17
	22	96½	97	97½	40	45	15	16
	23	96	96½	97	40	44	15	16
	24	96	96	96½	40	44	15	15
	25	95	95½	96	40	42	15	15
	26	95	95¾	96¼	42	46	15	16
	27	95	95½	96½	42	46	15	15
	28	95½	96	96¾	40	44	15	15
	29	96	96½	97	40	46	15	16
	30	96¼	96¾	97½	40	47	16	16
December	1	97	97	97½	40	47	16	16
	2	96½	96¾	97	40	45	15	16
	3	96	96¼	96¾	40	44	15	15
	4	95½	96	96¼	40	44	15	15
	5	95	95¼	95¾	40	42	15	15
	6	95	95½	96	40	44	15	16
	7	95½	95¾	96¼	40	42	15	16
	8	96	96¼	96¾	40	45	15	16
	9	96½	96¾	97¼	40	46	16	16

I have treated at least fifteen similar cases and have been in consultation in several others. In the majority of the cases there was never any rise of temperature, subnormal from the beginning. Belly symptoms always present. Slight hemorrhage from bowels in some of the cases. Pupils dilated in all. No long complications in any. Only one death in the cases under my observation. Your diagnosis, please?

* PSEUDO-DIPHTHERIA.

E. W. FLOWERS M.D.,
McCOMB CITY.

The synonyms of this disease include all those pathological conditions which are characterized by the formation of a false membrane in the throat, nasal passage or middle ear space, not due to the Klebs-Loeffler bacillus. Thus we have false diphtheria, streptococcus diphtheria, scarlatinal diphtheria, croupous diphtheria, croupous tonsillitis, necrotic tonsillitis and membranous croup. It is stated by Smith, Holt and others that about thirty per cent. of the cases clinically diagnosed as diphtheria are in reality pseudo-diphtheria as is shown by the microscope. As a primary condition, the disease is not serious, but complicating measles, whooping cough or scarlatina is attended with a high mortality and is almost certain to occur during the height of the primary condition, while diphtheria may occur at any time, even after convalescence is well established.

It is pretty well established now that the disease is due to streptococci, though there are cases reported where it has seemed to be due to staphylococci entirely. Among other conditions which favor the development of pseudo-diphtheria are unsanitary surroundings, locations which are poorly drained, sewer gases, crowded tenement houses, hospitals and other places where a large number of people are working in the same department.

Pseudo-diphtheria is very slightly contagious, if at all, from direct contact with a case, but the contagion seems to prevail endemically, and if we but remember the wide-spread, ever-present streptococci, we can easily understand how and why the disease prevails as it does. In most instances where more than one case occurs in the same family, they are taken on the same day or night and run very much the same course as regards the duration, differing usually a little as regards the severity. The isolation of cases is not believed to be necessary except where a suspicion of diphtheria exists. It necessarily follows that in small towns and in the interior, where the experienced microscopist is not to be found, we should be very careful in speaking carelessly about the contagiousness

* Read before the Pike County Medical Society, December 15th. 1904.

of the disease, lest we find later that we have to deal with that most dreaded of all, diphtheria. There are few physicians who have not made this mistake in the course of their experience, and patrons who have every confidence in your skill will become your bitterest enemies if you tell them it is not contagious, have other cases develop and, as often happens, have all proven fatal. It often happens that diphtheria is contracted by an exposure to a case of so-called croup where no membrane had ever made its appearance in the throat or nasal passage.

Briefly stated, the pathology consists in inflammation of the mucus membranes, with the formation of a false membrane, usually found on the tonsils, uvula or soft palate.

The onset is sudden, even when not the primary condition, having decided symptoms, which are headache, vomiting, chilliness, cough, soreness of the throat, pain on swallowing, hoarseness or rather huskiness of the voice, which at times amounts to complete aphonia. In cases tending toward a fatal termination, the laryngeal stenosis increases little by little, or oftentimes quite rapidly, and soon the patient experiences the want of air. In some cases only a few hours elapse, in others several days of gradual increase of the steosis, when it becomes evident that something must be done or death will relieve the sufferer. The suffering is extreme, the dyspnoea distressing, the features becoming more livid until a dusky hue is attained. The attacks of dyspnoea are often caused or aggravated by pieces of detached membrane becoming doubled on themselves. The appearance of the membrane varies in different cases but is usually of a grayish or yellowish tint and when removed with forceps leaves a bleeding surface which is soon covered again. The constitutional symptoms are severe during the first two or three days, the temperature reaches 103 to 104° F., and there are aching of the limbs, muscular pains and difficult swallowing as the chief symptoms in the average case, in the beginning. The temperature declines on the third or fourth day and in favorable cases the other symptoms improve as the temperature declines. This does not hold good in a few cases as we all know; the laryngeal stenosis increases as the temperature declines, as in the case with diphtheria.

The prognosis depends upon the extent and location of

the pseudo membrane, the prevailing type of the disease, the sanitary surroundings and the vitality of the patient. The prognosis is more unfavorable when the disease complicates measles, whooping cough or scarlatina.

Every child suffering with fever, sore throat, pain on swallowing, with pseudo-membranous looking patch on its tonsils or uvula, should be watched with the utmost care, and in cases where the slightest doubt exists, the anti-diphtheric serum should be used at once. In doing this we may find later that it was unnecessary, but no harm has been done the patient and we have taken a simple precaution which may in another case save our patient from an untimely death. The strength of the serum should be left to the indications in each case, but the rule is to use the tubes of greatest potency. The question naturally arises, why should we not use the antistreptococcic serum inasmuch as the disease is due to the streptococci? There are cases in which this is the proper remedy to use. Late in the disease when the system becomes overpowered by the absorption of toxines, the antistreptococcic serum is one of our best remedies. Fortunately, we seldom see the profound toxemia in pseudo-diphtheria that we have to deal with in diphtheria. In the great majority of cases, the antistreptococcic will be all that is needed if its use is resorted to early enough, say during the first twenty-four or forty-eight hours at best. The second should be used within six or ten hours from the first, if no improvement follows the use of the first tube, and after a longer interval the third is used. If as often happens we are not called until the case is far advanced, the remedy should be used at once and repeated in the usual way, and often times we will get the immunizing effect in the nick of time and save our patient. This is not to be expected, however, except in the very small minority of cases.

In the way of medicines, the indications are to check the spread of the membrane as far as we can and to sustain the strength of the patient with stimulants. The throat should be sprayed with pure peroxide of hydrogen every two or three hours, or with some one of the thymol preparations to which may be added caroid or the borate of sodium. The tincture of chloride of iron, with chlorate of potassium and glycerine, is a treatment used in some sections and doubtless

has some virtue both as a local treatment and as a constitutional one. If all our resources fail us and the patient shows no indication of relief from the laryngeal stenosis, our choice must be made between intubation and tracheotomy, and, as is the case with the use of the serum, we often neglect this simple procedure until our patient is in no condition to be benefitted by it. To deprive a patient of the small amount of air he is getting in this condition for a few seeonds only is sufficient to asphyxiate him beyond the hope of recovery. With the average physician, tracheotomy offers the best means of relief, being entirely free from danger, though in the hands of an experienced operator intubation is a perfectly safe measure. To reiterate once more, the mistake we so often make is in not resorting to one or the other before it is too late. The mortality rate would be reduced, in our humble opinion, to an astonishing extent if we would apply the means at our hands as promptly as we would treat some other conditions which are less dangerous to life.

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*INFLUENZA, LA GRIPPE OR RUSSIAN FEVER.

W. H. DOTY M.D.,
BLACK HAWK.

An acute, specific, infectious disease characterized by fever, catarrhal affections of the respiratory and digestive system and nervous disorders of various types. The history of the pandemic of 1889 has proved that influenza is an infectious disease. A specific bacillus was discovered by Pffeifer in 1892 in the bronchial secretions and peribronchial tissue, also in the pleura.

The mucous membrane of the respiratory tract, from the nose to the air cells of the lungs, may be regarded as the seat of election of the influenza bacillus. The manifestations of influenza are so extraordinarily complex that it is best to describe them under types of the disease.

I will first take up the respiratory type of influenza which sets in with coryza and presents the features of an acute catarrhal fever, but with much more prostration and debility. The graver respiratory conditions are bronchitis,

*Read before the Holmes County Medical Society.

pneumonia and pleurisy. The bronchitis has no special peculiarities. The sputum is supposed by some to be distinctive. You will find it very thin and containing purulent masses. Pffeifer regards sputum of a greenish-yellow color in coin-like lumps as almost characteristic of influenza, but in most of my cases the sputum has been bloody. Amongst serious complications of this type of influenza is lobular or influenza pneumonia.

The nervous type is the most common of all types of influenza. It is ushered in with a chill and severe headache, pains in the eyes and joints, in fact the patient complains of aching all over. The temperature rises rapidly, ranging from 102 to 104°F., pulse becomes very frequent and soft, respiration nearly always hurried. The temperature in these cases falls very rapidly, becomes sub-normal and extreme prostration follows. I have seen severe complications arise in this type of influenza, such as meningitis, encephalitis, otitis-media, abscess of the brain.

In the febrile type there may be no catarrhal or nervous symptoms. The extreme prostration and continued fever may lead you to believe that you are dealing with a case of enteric fever. I have seen this very type of La Grippe diagnosed enteric fever. In this form you will find your patient complaining of headache. You will notice a tongue with red edges and brown center, resembling very much a typhoid tongue. The temperature does not remain high, although it continues above 102°F., for several days. We should always bear in mind that influenza may be immediately succeeded by enteric fever, the disturbance produced by the former having so diminished the resisting power that the infective agent of the latter, previously present in the body or in the environment, is enabled to develop. Influenza runs its course in from three to ten days provided there are no complications.

Diagnosis. During a pandemic there is but little difficulty. The profoundness of the prostration, out of all proportion to the intensity of the disease, is amongst the most characteristic features. In the respiratory form the diagnosis may be made by the microscope. I have found but little difficulty in making a diagnosis of La Grippe of a nervous type which I have already mentioned as being the most common type.

Symptoms. The period of incubation is from three to five days, during which the patient feels well. The attack sets in very suddenly with headache, chilly feelings and severe pains in the joints and muscles. The temperature rises gradually and may reach 105 to 107°F. The pulse is rapid and there is a feeling of constriction across the chest which afterwards becomes very sore. Coated tongue loss of appetite and nocturnal delirium are noted. The eyes are injected and the visible mucous membranes are flushed. Nearly always the pain will be more intense in the eyeballs and forehead, and in many cases the patient will complain of the most intense pain in the back of the neck. I believe that every organ in the body suffers materially during an attack of influenza.

Treatment. The treatment of influenza is mostly symptomatic as there is such a tendency to complication we can employ no routine plan or treatment. As soon as your diagnosis is made, put your patient to bed and isolate him as far as possible, warning old people of the dangers of exposure as La Grippe is very fatal in advanced life. You should use every method to prevent the disease from spreading. You may do this by disinfection. The sputum of patients suffering with influenza should be burned. I always have my patients expectorate on paper and immediately burn. My practice has been, when treating a case of influenza, to disinfect as well as possible the nose, throat and mouth. I generally order the mouth washed with a peroxide solution and throat and nose sprayed with the same preparation. I stimulate my patient from the onset with strychinine and caffeine as it always diminishes the frequency of complications. Calomel is always indicated from the onset and should be followed by a saline. I find salicin to be as near a specific as anything I have ever used in La Grippe. It should be given in twenty to forty grain doses every two hours for the first twenty-four hours. You will find that it relieves the pains and reduces the temperature. When the temperature is high and the patient is restless, there is nothing better than the sponge bath followed by rubbing briskly with alcohol for fifteen or twenty minutes. The patient generally drops off to sleep and on awakening seems much revived. For pains in the eye balls there is nothing that

will relieve your patient quicker than gelsemnium and bromide of soda. For the annoying cough no drug acts nicer than morphine sulphate, 1-4 grain with 1-150 atropine given hypodermatically. I have used quinine but think it worse than useless. Salol acts very nicely but does not equal salicin. I will say just here again that salicin is the drug par excellence for treating La Grippe.

While the fever lasts the stomach is usually irritable and the diet should be fluid and restricted. I prefer milk, in small quantities, not less than a quart to be given in twenty-four hours. After two or three days I allow mutton or chicken broths, scraped beef, tender chicken, with scrambled or poached eggs. The diet should be carefully regulated until convalescence is established.

After my patients are able to be up I find the following meets the requirements for a tonic very effectually:—

℞ Tincturæ Nucis Vomicæ - - - ƒ℥iss
Syrup. Hypophosphites Comp. *qs ad* - ƒ℥viij

M. Sig. Teaspoonful in a wineglassful of water three times a day at meal time.

At the recent meeting of the Medical Society of the State of New York, Dr. L. Duncan Bulkley presented a paper on Dermatitis Seborrhica. He said that this disease was one of the most important the dermatologist has to treat. Statistics show that it constitutes fully ten per cent. of all the cutaneous affections seen by the dermatologist. It follows in importance eczema, acne and syphilis in demands on his attention. It is of great importance, because it is now conceded to be at least an important contributing cause to baldness, which is growing so much more common in recent years, and the etiology and consequently successful treatment of which has been so long a mystery. The disease is undoubtedly contagious, though only mildly so. It is distinctly a barber's disease and has spread as a consequence of the universal recourse to these in later generations. The true nature of the micro-organismal cause is not known, however. It differs from such parasitic diseases as barber's itch and favus in being due to a different form of parasite. Various cocci and bacilli have been described as specifically pathogenic, but none of these have stood the inoculation test and when in pure culture reproduced the affection.—*Medical News.*

EDITORIAL.

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND OF ITS COMPONENT SOCIETIES.

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To obtain a degree in medicine and become a regular licensed physician are the trying ordeals through which all students of medicine must pass. After the excitement of a medical "initiation" has passed we announce to "suffering humanity" our ability to relieve their ills. As time rolls on many of us are contented to apply knowledge gained at college and by experience, without keeping in touch with the progress of the profession. Those who remain in this condition of "medical apathy" deserve the well-merited title of "back number," "old timer," etc. It is our duty to prevent such conditions, and medical associations and good medical literature are no doubt our best remedy. It is my custom to read several medical publications, and among them the *Journal of the Mississippi State Medical Association.* As a member of the Mississippi Medical Association, I take great pleasure in reading the articles contributed by men with whom I am personally acquainted and I know that their "case citations" have been of untold benefit to me. Our *Journal* compares favorably with any medical publication and in my opinion has no superior for neatness in design and print, ethics and advertising. In discussing the subject of medical literature with some members of the profession, I was surprised to know that our *Journal* is not owned by the State Medical Association and that the *Transactions* is our only owned publication. I have also learned that the next meeting of the State Medical Association will consider the future publication of the *Journal* and *Transactions.* Such being the case, the Association will probably be asked to consider ownership and publication of its own *Journal*, whether the *Journal* ought to be discontinued and the publication of the *Transactions* continued, or if the present arrangement be continued. In my opinion the Association ought to own and publish its own *Journal* and if anything be discontinued let it be the *Transactions.* If such a plan be adopted, the secre-

tary of the Association would be the logical editor, as is the case with the *Journal of the American Medical Association.* I believe many advantages would be derived from such a change. It would prevent the establishment of "independents" or make such a venture doubtful of success. County Societies, and in fact the whole Mississippi medical profession, would be brought into close relationship with one another. I even believe a higher class of literature would be obtained, because many who are too timid to express their views before strangers—thereby cheating the *Transactions* and the profession of probably useful knowledge—would unhesitatingly speak out among friends in their home or county society. The objections to publishing the *Transactions* are that it is published only once a year; none of the county transactions appear in it, thereby barring a thing that ought to be encouraged; and the profession is kept for months—unless an "independent" is in publication—from expressing their views and giving valuable information on diseases common to our section. If such be permitted, the Mississippi profession, in order to keep up with the progress of medicine, will be forced to take northern publications in order to understand new methods of diagnosis and treatment of diseases common to our own section. This all of us would regret, as it would appear we had "buried our light under a bushel." Furthermore, one who wants a daily paper would not want six or seven copies kept in the editor's office until the end of the week and then bound and sent to him. I look upon the publication of the *Transactions*, alone, as an analagous case. At any rate the *Transactions* represent less than a bound volume of the *Journal.* Why not allow every member of the Association to bind his own journals? If they choose to do so, they would have the equivalent of the *Transactions* plus the transactions of the county societies. Under former conditions, the county societies have not this opportunity. I think it proper for the Association to furnish its members a means to discuss in print those conditions with which all Mississippians meet in every day practice. To me the publication and ownership of a journal by the State Association furnishes the best means for solving this problem. I would suggest that at the next meeting of the county societies this question be discussed and the delegate from each society to the next meeting of the Association be instructed to vote on this question according to the wishes of his society.

E. S. Rauch M.D.

COUNTY SOCIETIES.

LeFlore County Medical Society met in Greenwood February 6th. The following newly elected officers were installed: President, S. A. Eggleston; Vice-President, J. H. Lucas; Secretary and Treasurer, D. S. Humphreys; Censor, S. L. Brister. Dr. Eggleston's presidential address on the "Prophylaxis of Consumption" was highly complimented by all present. Dr. Brister presented a paper on "Dystocia" which elicited much favorable comment. At the banquet which followed much enjoyment was derived from the introduction of various members of the local bar who responded to such toasts as "The Indications For Aesophagotomy," "Is Paraplegia Due to Ptomaines", The Differential Diagnosis Between Barbers Itch and Hare-Lip" and the like. At the March meeting J. W. Armistead and W. T. Mathews will present papers on Hematuria and Pneumonia, the discussions to be opened by W. B. Dickins and C. N. D. Campbell.

Pearl River—Marion County Medical Society met in Lumberton January 11th., six members and one visitor, Dr. F. Loeber of New Orleans, being present. Dr. D. B. Stevenson presented a paper on "LaGrippe" and Dr. Hunnicutt one on "Dysmenorrhoea." Election of officers resulted as follows: President, W. J. Hunnicutt, Poplarville; Vice-Presidents, T. B. Ford, Columbia, and R. W. Thompson, Lumberton; Secretary, O. A. Johnston, Picayune; Treasurer, D. B. Stevenson, Poplarville. On the Board of Censors, J. P. Hill, Poplarville, was elected to fill the unexpired term of S. B. Harmon, and L. L. Polk, Purvis, was elected for term of three years. Committee on public health and legislation was appointed as follows: C. E. Smith, Baxterville; W. W. Hall, Lumberton; and H. L. McKinnon, Carriere.

NOTICES.

The American Anti-Tuberculosis league will meet in the Georgia State Capitol, Atlanta, April 17th.-19th. Every member of the medical profession is invited to assist in this great work. Dr. Geo. Brown of Atlanta is the president and executive officer.

To the Auxiliary Committee of the N. L. C.

I would call your especial attention to the referendum, that has no doubt reached each of you, and urge your co-operation in the matter as far as is consistent with your views of the same. Sincerely yours,

B. L. Culley,
Member of the N. L. Council for Mississippi.

BOOK REVIEWS.

International Clinics. A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Hygiene and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Vol. IV, Series 14, J. B. Lippencott Co., Philadelphia.

This is one of the most satisfactory volumes of the ever popular "clinics" yet gotten out. An article on "The Excessive Use Of Drugs In The Treatment of Chronic Disease" will point a moral to many of us. That on "Indication For The Dechloridation Treatments" shows the value of simple methods versus drug giving in a remarkable way. Two articles on "The Differential Diagnosis Of The General Enlargement Of The Liver" and "Functional Heart Murmurs" are of special interest. The remainder of the book fully bears out the well-established reputation of this publication and the whole makes up a volume well worth careful reading.

A Practical Treatise On Nervous Exhaustion (Neurasthenia) Its Symptoms, Nature, Sequence, Treatment by Geo. M. Beard A.M., M.D., Fellow of the New York Academy of Medicine, etc.. edited, with notes and additions, by A. D. Rockwell A.M., M.D., Neurologist and Electro Therapeutist to the Flushing Hospital, etc. Fifth Edition—Enlarged, E. B. Treat & Co., 241–243 W. 23rd. St. New York. Price $2.00.

Neurasthenia being one of the privileges of so-called advanced civilization and being met in every phase of medical work, no excuse is needed for attempts at its elucidation. That this book is now in the fifth edition attests amply for its popularity and the appreciation of the importance of the subject by the medical world. In the present edition is added a chapter on "The Neuron Theory In Its Relation To The Treatment Of Neurasthenia," an acceptable addition to those remote from the great medical centers of learning.

Pneumonia and Pneumoccus Infections by Robert B. Preble A.B., M.D., Professor of Medicine, Northwestern University. C. J. Head & Co., 40 Dearborn St., Chicago. Price $1.00.

This little volume covers full well the entire subject of pneumonia and will be found a convenient and accurate guide. Until the discovery of an antipneumonic serum this disease, so greatly on the increase, needs greater attention from a prophylactic than a medicinal standpoint and hence a knowledge of etiology and the various predisposing causes, such as are well given here, will be found valuable. Monographs, too, are convenient from their size and the get-up of this one is attractive.

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ORIGINAL CONTRIBUTIONS.

*THE RELATION OF PHYSICIANS TO EACH OTHER.

JOSEPH H. PLUNKETT M.D.,
McCOMB CITY.

Within the present decade it may be truly said that a greater number of surprising scientific discoveries have been developed and announced than in any previous interval of a century in the world's history. This progressive march of intellect, these magnificent strides in man's mastery over nature, these astounding revelations of the recondite resources of God's universe now so rapidly unfolding themselves, indicate that man is not living in vain in this world of physical struggle, but is intellectually in the ascendant and that the future, so far from inspiring a feeling of gloom in the minds of thoughtful investigators, is bright with the portents of glorious possibilities and triumphs which shall outshine the past as the sun outdazzles the moon.

Talk as we may of the progressive development and wonderful achievements of Grecian intellect, the masterly culture of Athens with her profound statesmen and philosophers, her far seeing military commanders and strategists, her electrical orators, her brilliant poets, her inspired artists, her studious and comprehensive historians; yet all this array of talent produced by Attica, which culminated during the two centuries of her greatest greatness and fame in the persons of her Demosthenes, Aristides, Socrates, Aristotle and Hippocrates, is but as the title page to the great volume of achieve-

* Read before the Pike County Medical Society.

ments when contrasted with the startling record of events in which the intellect of the present generation in our profession has figured and is now figuring. The glimmer of the taper becomes conspicuously brilliant from the contrast of general darkness, while a thousand electric lights of a thousand candle power each would pale their ineffectual glow in the brighter glare of the noonday sun. A single phenomenal Hippocrates in Athens, or a Galen in Rome, could command the multitude as the cyclone moves the forest, and though we now look back and wonder at such marvelous achievements accomplished so many centuries ago, yet if either of these surgeons and physicians should now drop into our midst, with all his pristine powers, he could not stand by a John A. Wyeth and would be but an intellectual pigmy by the side of our own Matas, Murphy or Senn, whose names are legion all over this land, no one towering sufficiently above his compeers to produce a marked sensation. Take the greatest operation ever performed by a Leonides or an Antylus, or the best medical thesis ever penned by a Celsus, and it embellished by the powers of the finest translation in existance, and yet it will bear no comparison to the work of surgeons and physicians of to day; still evidences of the prevalence of intellectual greatness are as plentiful as the autumn leaves.

Distance lends enchantment to the view, no less in estimating surgical skill and acumen than in the appreciation of coast and mountain scenery as it recedes from our sight. We go into ecstacy over a massive but ridiculous pile of stones called a pyramid because it is a thousand years old, while we scarcely notice a modern fountain or monument of the most exquisite design and finish made by some one we know. In like manner, but to a less degree, are we influenced by that which is foreign or comes from a distance; the foreign lecturer, the foreign scientific treatise, the foreign surgeon with his bloodless surgery, can become the furor of the hour when in fact we have those who surpass them at our own door.

But I digress from the theme of this introduction, I have hinted at the progressive strides of our immediate time in scientific discovery as a warning note against surprise, let what will be announced as possible in the future or as already

achieved. The age in which we live seems to accelerate its own progressive development by the momentum it receives in each new advance. Where it is to end we know not, but the practical observer, with mind and eye upon the alert, gazes into the near future with a well grounded expectancy of discoveries in science which shall eclipse anything the world has yet witnessed, and while we are thus observers of and participants in the benefits resulting to civilized society from the revolutionary scientific discoveries which tend to our advancement, making nature the servant of man and by which his physical nature is heightened, may we not look with confident hope to be elevated to a still higher plane of moral and intellectual manhood, giving a higher conception both of nature and nature's God? The golden rule laid down by Confucius: "Do unto another what ye would he should unto you, and do not unto another what you would not should be done unto you" is truly a world of ethics in a nutshell, an ocean of morals in a drop.

But the very nature of society and the jarring of interests demand that physicians shall have some general system of ethics to define their duties and in case of doubt to regulate their conduct towards each other in their intercourse and competition. Every individual in the profession is of course supposed to be a gentleman, actuated by a lofty professional spirit, striving to do right and avoid wrong, and even were there no written rules at all the vast majority would conform to the rules of justice and honor as they understand them. To this lofty code in a great measure is due the binding together and elevation of the medical profession of our land and the esteem and honorable standing which it everywhere to-day enjoys. By its dignity and justice it remains as fresh and useful to-day as when the profession adopted it nearly sixty years ago, and from then until now it has instructed and governed our profession throughout this broad land, protecting the good and restraining the bad just as the ten commandments instruct and restrict mankind in general.

Ethics in its broadest sense might be defined as a science of human duty; in a more restricted meaning it regulates the practice in any particular sphere of activity, and it is this phase of it as limited to our profession that we have under

consideration. Nearly all of the professions have systems of approved principles, written or unwritten, designed and tacitly agreed to as a means to regulate their practice—we may well pride ourselves upon having the most comprehensive and practical of them all and it is right and proper that we should have, for do we not attend the wants of and serve every civilized man, men of every degree of intelligence, morality and station? So universal are our relations with humanity that it is highly essential that we have this most nearly complete code of all professions. Having to deal thus with all men, it necessarily follows that, for the regulation of ourselves within the ranks of our calling, we require something more thorough than the vague collection of principles governing most men engaged in one line of endeavor. Having, as it were, inherited our ethics and having practiced it so long, we are at times likely to fail to appreciate the good it does us. Consider for a moment how deplorable a condition we should be in if we did not have for a guidance as between ourselves and our patients this system of noble principles which we have to-day in its highest form. It has come to us as the fruit of the wisdom and experience of ages.

Ethics benefits subjectively as well as objectively. The advantages that flow to the ones protected are not greater than the satisfaction and comfort that come to the other from the sense of his own rectitude and sacrifice. As the poet has said of charity: "It blesses him who receives and doubly blesses him who gives."

While we should be duly impressed with the dignity and responsibility of the medical profession, at the same time it should ever be remembered that the true physician is endowed with the modesty of the philosopher and even in his highest and most self-sacrificing labors for the good of humanity must expect to encounter the opposition and neglect, not only of his fellow-men but even of the profession itself. The physician works with deadly knives and still more deadly medicines, he is entrusted with the lives of his fellow men, his life is spent in the nearest community with the sick and dying in sight of the very gates of eternity. The work of the physician therefore requires the highest self command, the loftiest moral training and purest religious belief. The intimate association with disease and death; the frequent

view of vice in all its forms; the temptation to promote private interests and elevate one's self in the good opinion of others by the secret undermining of the professional reputation of rivals by those delicate and almost imperceptible stabs which are all the more powerful and fatal because inflicted at a time when all the sympathies are aroused; the temptation to exaggerate personal qualifications and power over disease; all tend if not restricted by a noble self-sacrificing spirit, by high moral culture and pure religious belief, to degrade the noblest profession, the noblest field for the exercise of the highest intellectual and moral faculties, into a field of strife; into a dark school for the development and education of the meanest and lowest principles of evil. As immortal beings and as members of a profession which deals with immortal beings in their last extremities, you *cannot* if you would shut your eyes to the importance of moral education. Happily the very pursuit of knowledge tends to develop the moral faculties. It has been truly said: "Knowledge is not a couch whereon to rest a searching and restless spirit, or a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself upon, or a fort or a commanding ground for strife and contention, or a shop for profit and sale; but a rich storehouse for the glory of the Creator and the relief of man's estate."

The *end* of scientific education is the reflection in the human mind of the relations and laws of members of the universe and the enrichment of the intellect with that knowledge which enables man to predict the course of future events and direct and control the forces of nature to the advancement of this physical and social position. In all our labors we should be encouraged by the thoughts that the humble cultivator of natural science, and especially of medical knowledge, is like the coral insect helping to rear an edifice which emerging from the vexed ocean of conflicting credence shall be first stable and secure and at last shall cover itself with verdure, flower and fruits and bloom beautifully in the face of heaven.

*LAGRIPPE.

D. B. STEVENSON M.D.,
POPLARVILLE.

Lagrippe is an epidemic, endemic and pandemic disease due to the presence in the system of the Pfeiffer bacillus, a small non-motile organism, isolated in 1892, this being found in abundance in the nasal and bronchial secretions.

This disease appears at irregular intervals and spreads with most extraordinary rapidity; and of the epidemic diseases with which we are familiar there are none, with the possible exception of dengue fever, that so powerfully attack the protective powers of our patients and leave them so utterly "good for nothing."

Lagrippe, while not a dangerous disease within itself necessarily, is in a great many respects one of the most important and most-to-be-dreaded diseases which the physician meets. The rapidity of its spread, due to the vast number of germs and the short period of incubation, the indiscrimination with which it attacks so large a proportion of the population, the complete unprotection left behind, the powerful and profound depression always produced, the various and multitudinous complications and sequelae, all combine or should combine to deserve on the part of the physician the most careful attention and the most conscientious and rational treatment.

This disease is strictly speaking an affection of the nervous system and upon this point we wish to lay particular stress, for accepting this it certainly falls to us to discard a great many of the remedial agents which were formerly used and which we are almost persuaded to believe are responsible for the high mortality which we note in most of the epidemics of a few years ago.

The statement that this is a disease of the nervous system needs no further evidence than that of the profound depression and vast prostration which we note in almost every case of "grip" we are called upon to treat. As further evidence we might call attention to the fact that almost invariably following an epidemic of lagrippe we see an epi-

*Read before the Pearl River-Marion County Medical Society.

demic of other diseases, these of course being due to the nervous system having lost all of its functioning power from depression. In other words the nervous system guards the gate-way to all diseases and to "knock it down" is to invite disease. This is just what lagrippe does, hence we shall insist upon calling it a disease of the nervous system. Probably one of the greatest sieges of typhoid fever ever known in the city of New Orleans was the one following the "grip" epidemic of 1889-1890. One might ask—how does the germ affect a patient? Undoubtedly through the general nervous system *first*; then through the vasomotors.

Classifications: Upon this division we find that no two authors agree, each preferring to classify it according to his own fancy. For all intents and purposes it would seem rational to merely classify the different types of the disease according to the various organs upon which it spends its force. For example if it spends its force upon the lungs we classify it as the pulmonary variety; if upon the intestines, the intestinal form; etc. The portion of the body upon which it spends its force always depends upon the diathesis or cachexia of the patient. It always strikes in the weakest portions; the lungs in the strumous, the liver or kidneys in the gouty, etc.

Symptoms: The onset of this disease seems to be due *first*, to the previous health, age and resistant power of the patient; *second*, to the dose of the poison; *third*, to the character of the epidemic. The onset is usually abrupt; there is no well-defined period of incubation and generally no prodromic stage.

When called in to see a patient, we generally find him very much depressed, with severe pains in the head, back and limbs; fever seldom higher than 102 or 103°F.; surface at first pale, though becoming flushed as the fever goes up; pulse and respiration variable; conjunctivae flushed after the first twenty-four hours; considerable bronchial irritation; and either a well-defined chill followed by chilly sensation, or no chill with chilly sensations running up and and down the spine and lasting the first twenty-four to forty-eight hours. These are almost diagnostic. Besides, we may have some thoracic depression, with cough which is at first rather dry and harsh but becomes moist as the disease

advances. The urine is usually scant and high-colored and there is some tendency to constipation.

After the initial chill, or chilly sensation, and fever, there is always some one organ of the body affected, producing a capillary paralysis. The organ affected depending upon the general make-up of the patient. After a careful study of this disease and after careful personal observation of several cases in the Charity Hospital of New Orleans, I am constrained to believe that the pleura and lungs are by far the most frequently attacked, and strange to say the right lung was attacked in ninety-five per cent. of the cases. One organ may be attacked singly or several at the same time, or almost every organ in the body may be attacked, one after the other.

Diagnosis: The three chief conditions which are liable to puzzle us in making a differential diagnosis are: *first*, the ordinary winter cold, or pseudo-lagrippe if you prefer so to call it; *second*, malaria; *third*, the true pneumonic attack.

The abrupt onset, the marked general catarrh and the profound prostration will usually suffice to diagnose the first.

The absence of the bronchial irritation, the chilly sensations up and down the spine, the absence of the enlarged liver and spleen, the absence of the broad flabby tongue always found in malaria, the failure to respond to quinine, will suffice to diagnose the second.

The third condition is usually more difficult and requires a very close and careful examination with the stethoscope.

LAGRIPPE LUNG.	PNEUMONIA LUNG.
1. Respiration never exceeds 24 to 28.	1. Respiration above 36.
2. Dulness, bronchial breathing, broncophony with no rales.	2. Dulness, bronchial breathing, broncophony with abundance of rales.
3. No rusty colored sputum.	3. Rusty colored sputum.

The absence of the rusty-colored sputum as well as the absence of rales may be accounted for by remembering that the exudation in lagrippe is extra-vesicular while in pneumonia it is intra-vesicular. The slow respiration in lagrippe is very hard of explanation. More than once have we seen the whole lung involved, giving dullness on percussion, bronchial breathing and broncophony, with respiration not exceeding twenty-eight, while with only a small portion of

one lung involved in pneumonia we always see the respiration above thirty-six. This we are unable to explain and hope the point will be called up again in the discussion.

Complications and Sequelae: These are entirely too numerous to mention so we pass them by. Suffice to say that almost any disease may complicate lagrippe, providing our patients have been maltreated, as sometimes we fear they are.

Treatment: The statement may seem a little harsh, yet we feel safe in making it, that more people die of the treatment than do of the disease. There are a great many agents that contribute to the high death rate in this disease, and among this class there are no two that stand out more prominently than calomel and the coal-tar products. I know of no better way to put a lagrippe patient "out of business" than to hit him with a big dose of calomel and follow this with about ten grain doses of any of the coal-tar preparations for the next few days. Notwithstanding the fact that these agents are powerful depressants they are still used by a great many of our brother practitioners of to-day.

Why depress a patient who is already profoundly depressed? It would seem almost as wise to give a man another dose of strychnia if suffering from strychnine poisoning.

Our treatment should be stimulation. Do nothing to depress the patient. Clear the bowels with salts or oil, give a good warm bath, wrap with warm blankets and give plenty of nourishing liquid diet and strychnia alternated with whiskey, and your patient will usually get well. Codeine to relieve pain.

For the cough which is very often present we know of no better prescription than one which contains about twenty minims of syrup of ipecac, ten grains of citrate of potash, with equal parts of syrup of lemon and lemon juice.

With the above outlined treatment we ought to be able to overcome the depression within a few days and place the patient beyond all danger of complications.

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*DYSMENORRHEA.

R. FRANKLIN NIMOCKS M.D.,
POPLARVILLE.

In undertaking the consideration of a subject in which a thorough understanding of the anatomy of the parts is essential, the fresher this understanding is in our minds the better prepared are we to understand why we have such pathological conditions manifesting themselves and the better prepared will be the mind to accept, appreciate and retain the things said that are worthy of remembrance. For this reason I shall first discuss the uterus in this relation, which may be superfluous to some but which I hope will be boresome to none. In this discussion of the anatomy of the uterus I shall be very brief, only giving that part that I consider absolutely essential for a thorough understanding.

The uterus is a pear-shaped organ, situated about the middle of the pelvic cavity, between the rectum and urinary bladder. It is partly suspended and partly supported. The extreme upper margin lies along the brim of the pelvis and the lower part about the middle of the pelvis. The axis of the uterus is curved, with its concavity looking forward or anteriorly, therefore the uterus normally is in a state of anteflexion. The uterus is about three inches long, two inches in breadth and one inch thick. It is divided into two parts, the body and cervix. Leading off from the superior cornua of the uterus and passing out between the folds of the broad ligaments, are the fallopian tubes, at the distal extremities of which are the ovaries. Lining the uterus is the endo-metrium, which is a lymphoid structure, consisting of muscular and connective tissue fibres running in various directions. This membrane is closely connected with the third muscular layer of the uterus. The endo-metrium is covered by a single layer of ciliated epithelial cells and contains a number of glands known as the utricular glands. These glands become greatly increased in number during menstruation. This is, I think, sufficient to say relative to the anatomy as I wish to say only sufficient to recall to your minds the anatomy of the parts involved in dysmenorrhea.

* Read before the Pearl River-Marion County Medical Society.

Dysmenorrhea is painful menstruation. The border line between the physiological and pathological pain is hard to draw, the character of the patient being the cause.

There are many and various classifications of dysmenorrhea. The best in my opinion is into neuralgic, congestive, obstructive and membranous.

The neuralgic is the most painful and occurs in women of a nervous temperament. There is, seemingly, no local cause. Our patient is usually of low vitality, anemic and hysterical. She suffers with neuralgia in other parts, which leads us to believe that there is some existing nervous trouble.

The congestive occurs as an associate symptom of uterine, tubal or ovarian pathology. In this form we find our patient restless, nervous, flushed, constipated, belly full and tender, temperature elevated, pulse full and bounding, with nausea and vomiting. There is too much blood locally.

By the obstructive form of dysmenorrhea we understand that there exists some obstruction to the outflow somewhere between the utricular glands and the ostium vaginae, such as displacements of the uterus, imperforate hymen or, if we have an associate endo-metritis, the obstruction may be in the utricular glands. There are many causes which produce obstructive dysmenorrhea but the two most frequent are flexions of the uterus and endo-metritis and metritis. The symptoms of this type are "bearing down" pains, frequently associated with nausea and vomiting, together with the constitutional symptoms given above.

The membranous form I shall only mention to say that, if such a form exists, it is found associated with very severe endo-metritis and the pains are identical with those of labor.

The pains we find associated with these various forms of dysmenorrhea are of themselves almost sufficient to determine for us the form of dysmenorrhea we have to deal with.

In the neuralgic we find a continuous pain, which is greatly increased if we call the attention of the patient to it, no constitutional symptoms, and is found most frequently in young girls and old maids. It is generally associated with reflex neuralgic pains in other parts of the body.

Pain in the obstructive form, except in cases due to endo-metritis, comes on simultaneous with the flow and con-

tinues throughout menstruation; it is intermittent and paroxysmal in character and never leaves until menstruation ceases. This form is peculiarly common to young girls.

The pain in the congestive type appears several days before menstruation and when same comes on it is greatly relieved. The pains of the membranous variety are closely related to those of labor.

To treat dysmenorrhea intelligently and scientifically it is essential that we know just what form of dysmenorrhea we have to deal with and just what produces our dysmenorrhea. I shall therefore first consider the treatment of the neuralgic form. In these cases it is best to treat our patient constitutionally. Give her good general tonic and restorative treatment. Put her on strychnia, arsenic and phosphorus; give due attention to diet, exercise, sunlight and bathing. Give your patient something to do that will employ her mind. Electricity has been recommended and I think it advisable to try it as it may do good.

The treatment of the obstructive type is the treatment of what produces the obstruction; if it be a mal-formed os, correct it; if due to a displacement, correct the displacement; if due to a tumor in the uterus, remove the tumor; and in that form of obstructive dysmenorrhea which we so frequently meet with, due to an ante-flexion of the uterus, the treatment is curettage of Wylie's sensative area, which is just internal to the internal os. To do this, give the patient an anaesthetic; with Simm's dilators, through a speculum, dilate the entire cervical canal to one-half to three-fourths of an inch (the time consumed in this dilitation should be about twenty minutes, as it should be done very gradually) maintain dilitation sufficiently long so as not to tire the muscle. This having been accomplished take a sharp curette and go over the inflamed area. Curette just internal to internal os, scrape gently, but well, provide free drainage. Hold open for four or five days by packing with gauze; filling the entire uterus, especially the cervix. If no temperature, leave for four or five days, but if temperature arises unpack at once and wash the uterus out. Dilate the uterus just before menstruation. The probable results of this are that our patient will be relieved of the dysmenorrhea and, if she be a married woman, she will likely conceive and eventually have

a baby which in all probability will effect a permanent cure.

The congestive form is an associate symptom of uterine, tubal or ovarian pathology and the treatment is that of the disease. If due to laceration, repair the cervix; if due to inflammation of the uterus, reduce the inflammation; if due to tumor, remove the tumor.

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*A VENEREAL SORE.

E. S. RAUCH M.D.,
VICKSBURG.

The writing of a paper to be read before medical men has presented many difficulties to me, because of my limited experience as a "practitioner" and because of my desire to discuss a subject that would interest men of maturer years. Writing upon medical subjects is no doubt of great benefit to physicians and as this is my first attempt I must ask your pardon if my subject is uninteresting and does not compare favorably with papers previously read before the society. In looking for a subject, I found that those which suggested themselves presented nothing of further interest than that ascribed to them by the various text-books. While in this dilemma, it was my good fortune to be shown two cases of venereal origin.

These cases were very peculiar and I have not been able to find a description of them in the text-books, nor could Dr. X and myself find a correct diagnosis for the condition. I have therefore decided to devote this paper to the discussion of these two cases. Case number one—whom I shall call Mr. B—at the time of the infection was physically sound and stated that he had never suffered from a venereal infection. He contracted the disease in this city at one of its "bawdy houses," where he had secured lodging for the night. Mr. B. described a probable vaginismus existing in the woman. After thorough cleansing of the penis with soap and water—as is his custom after each intercourse—he left the house on the following morning. About the middle of

*Read before the Warren County Medical Society.

that day, he felt a burning or stinging sensation in the prepuce and a dull pain in the glans. He thought he had probably neglected to thoroughly cleanse himself and then bathed the penis with mercuric iodide soap, which he said was his custom after intercourse. At this time he noticed red spots on the under surface of prepuce, corona and cervix of the penis. During the night the prepuce became swollen and the "red spots" lost their epithelium, exposing bleeding ulcers—if they may be so called. The next morning—second day after intercourse—he came to Dr. X. for treatment.

The characteristics presented by the ulcers were as follows: there were about five in all, three on the prepuce, one on the corona and one on the cervix and prepuce. Those on the prepuce were irregular in shape, about one-fourth inch wide and one-half inch in length with jagged edges, as though they had been torn with a blunt instrument. Those on the corona and cervix were smaller and rounded, with smooth edges and appeared as though they had been cut with a sharp knife. They presented raw surfaces from which blood oozed slowly, were painful on manipulation, had slight secretion—like serum from a fresh abrasion of the skin—were non-indurated, not auto-inoculable, did not involve the inguinal glands and formed no pus. Once or twice scabs formed on the smaller ones like we notice in herpes labialis, but the ulcer would spread from under its border and begin to assume a slightly phagedenic character. Dr. X. used penis baths of carbolic acid one per cent. and peroxide of hydrogen, but they produced greater inflammation and swelling of the prepuce. A dusting powder of bismuth sub-nitrate and boric acid was tried, but it caused "fissures" to start from the edges of the ulcer and these fissures soon widened to become a part of the ulcer itself. Finally Balsam Peru ℥i and Oleum Ricinum ℥iii was used as an application, which relieved the condition and at last reports the case was progressing favorably.

Case number two, or Mr. H, gave about the same history as Mr. B, but was first infected and because of a long prepuce and danger of phimosis was circumcised. The circumcision was followed by a virulent infection, the integument of a greater part of the penis became swollen and of a bluish red color. I can not say that the condition just described was

the cause of this, as I do not know the aseptic precautions observed. When the parts healed the integument at its reflection from the cervix presented a "puckered up" appearance, forming "cup shaped" depressions where the ulcers previously existed.

In conclusion I may say gonorrhoea, chancre and chancroid were excluded and the case was treated as one due to a chemical irritant, supposing the woman had taken vaginal douches containing chemical irritants, part of which had been retained. If such were the case, why was the irritant so selective in action for certain parts of the prepuce.

True, these ulcers may have started from abrasions, but in my opinion the substance was too virulent in action to have selected abraded surfaces alone and if it had been a chemical it, in my opinion, would have attacked the glans and entire prepuce. Probably the past and future history of the women would be of value but this has been impossible to obtain; however I cannot conceive of them using a vaginal douche containing irritating chemicals of such virulence, without causing a vaginitis as intractable to cure as the cases just described. In my discussion of these cases I have given in detail everything that came under my observation and it is not my intention to make a "mountain out of a mole hill," start a "tempest in a tea pot" or claim the discovery of a new venereal disease.

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*CURETTAGE.

J. H. McBEE M.D.,
LEXINGTON.

This is a subject over which there is much dissention, both as to the indications and as to the kind of curette to be used in the different indications. Even authorities do not agree, but are at wide variance on the subject, and thus is caused a still greater difference of opinion among their readers, the physicians of more modest aspirations, of which class the Holmes County Medical Society is composed.

* Read before the Holmes County Medical Society.

So I have undertaken to write a paper, not from research and a study of authorities, but simply on curettage as it is met with by us, and on the operation as it must necessarily be performed by us: i.e. with a limited amount of assistance and under conditions not always favorable to asepsis. But I shall not deal with the subject to any great length for I should feel a hesitancy in asking of the Society so much of its time and patience.

Curettage or curettement is the application of the curette, and as it is used most frequently in regard to the uterus, usage has led us to understand that by curettage we mean "a scraping of the membrane lining the interior of the uterus."

The curettes are of two kinds, sharp and blunt. The sharp curette might prove a dangerous instrument in some hands but the danger is probably not so great as is thought by some, while the blunt curette is usually a safe instrument in any hands, the only danger to be feared from it being the danger of infection.

The indications for curettement are one of the most disputed points about the operation. The chronic endometritis is probably one of the most frequently seen, as there are causes innumerable to bring about this condition. To discuss these causes would be a deviation from the original intention of this paper, so I shall confine myself to the condition. For this, the sharp curette is undoubtedly the instrument to be used, as the blunt curette would make no impression whatever. But the sharp curette should be handled with care, as a little awkwardness might play havoc with the uterus. It is amazing what results can be had from a few light strokes of this instrument followed by a douche of an antiseptic solution to bring away the debris. It freshens the surface, bringing away a large part of the infected membrane, which is the very seat of the whole condition, and gives nature a better opportunity to combat the infection. In the absence of any other reason for this operation, which however is not the case, a mere observation and study of results should prove a sufficient inducement.

If done in the proper manner it is surprising with what ease the operation can be accomplished with one assistant to administer the anesthetic. Of course it is understood in discussing an operation of any kind, that it is to be done asep-

tically and according to the generally accepted rules of asepsis. So I shall not dwell on the preparations, either of the instruments, the hands of the operator or the field of the operation, but simply the technique. So all preparations having been made, we begin the operation by anesthetizing the patient. This having been done, we insert in the vagina an Auvard's weighted speculum, which holds itself in place by its own weight and shape, and at the same time separates the lips of the vulva and walls of the vagina, thereby rendering easy access to the cervix. The cervix is now grasped with the vulsellum forceps and pulled down, and may be held in the desired position by any by-stander. The dilator is then inserted and the cervix is dilated until the entrance to the uterus is free for the passage of the curette, when the dilator is withdrawn and the curette introduced. The strokes are then made, lightly, from above downward, and around the inner side of the uterus, covering an area of practically all of the inner side of the uterus, the diseased or infected membrane is scraped away and the douche turned on to bring away the debris. My preference is a simple carbolized solution of a strength of from one to two per cent., from an irrigator or fountain syringe. There is little doubt of its efficiency and little danger from its use. Then with a light packing of sterile gauze for the following two days, a good recovery should be obtained.

In this connection, the indication next in frequency is probably septic fever from the retention of membranes or placental fragments after child-birth. Here the blunt curette figures and is a cause for some discussion. Whether it should or should not be used is the question. Now of course the extent of any operation here depends on the condition of the patient, necessarily. But what is of paramount importance is the fact that the retained membrane or placenta must be removed. It is claimed by some that a douche is all that is necessary to bring this away, but on second thought it is easily seen that a douche will not separate from the wall of the uterus any particles that may remain clinging there, undetached. So it becomes necessary to use some force, other than this. There remains a choice of two such forces, viz: the hand, or fingers, and the instrument. Now we have been taught and have reason to believe that the hand and fin-

gers, and especially the finger nails, cannot be perfectly sterilized, and some of us agree that except for the most urgent cause the hand and fingers should not be introduced into the uterus. For those of us of this belief, there is but one course open, but one resource left, and this is the blunt curette. It can be easily sterilized and is without danger to the patient on account of the contour of the surface that comes in contact with the surface of the womb. Blunt and smooth, without angle or sharp edge, it is, in this regard, even less dangerous than the finger. The fragments may be pulled away and then the carbolized solution used to cleanse and as far as possible disinfect the interior of the womb.

This paper is not intended as either an original or extensive treatise, but rather to remind the members of this society that curettage is an easy operation and free from danger, comparatively, and that it stands ever ready to befriend them as well as their patients if given an opportunity; and it is read with the hope that it may provoke their discussion and consideration, to the end that this operation may become more popular with them, and more often done.

And I wish to thank you for the courteous attention it has received.

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*PNEUMONIA; ITS ETIOLOGY AND TREATMENT.

W. C. ANDERSON M.D.,
FOREST.

Mr. President, Ladies and Gentlemen of the Society:

I hope the few words I will have to say will be of some interest to you. Pneumonia has become "The captain of the men of death," for it claims more victims each year than any other acute, infectious disease. During the past year it has been especially serious.

A number of varieties of micro-organisms have been associated with this disease, but by reason of its frequent presence the pneumococcus of Frankel is now regarded as the

*Read before the Scott County Medical Society.

essential causative agent; in fact it may now be considered the sole cause of genuine, acute, lobar pneumonia. Such influences as cold, tramatism and alcohol are purely predisposing, in providing an adaptable soil for the germs to thrive upon.

While the primary effect of infection with the pneumococcus is a hyperaemia, fibrinous and cellular inflammation of the lungs, yet the inflammatory lesion in the lungs may be the smallest part of the infective process going on in the body. It is important to bear in mind that the local lesions in the lungs are accountable for some, but by no means for all, of the patient's symptoms. A patient ill with pneumonia is suffering with a general infection with the pneumococcus. The severity of the clinical manifestations depends upon the virulence of the infecting pneumococcus and the resistance offered by the patient. The greater the virulence of the germ and the less the tissues of the patient are able to neutralize the toxins, the greater the toxemia. Ninety per cent. of the deaths from pneumonia are caused from anaemia.

Regarding the disease as an infection with the generation of toxins in the local lesions, there can be but one specific therapeutic agent and that must be an antitoxin.

Acknowledging then that we have no specific, the treatment of pneumonia must be based entirely upon the conception of the morbid process, and directed toward the conditions that exist in each individual case. Then we should endeavor first to arrest, limit or modify the extent of the local inflammatory lesions in the lungs as the toxins are principally manufactured here; second, to assist nature to eliminate the toxins and, third, to counteract the effect of the toxins, and it may be added that the key to the position lies in the capability of the heart to carry on its work in its handicapped condition and that the treatment should never be depressing.

As in all inflammatory conditions, the most rational indication is to lower blood pressure for the first few days, and the best method to control the congestion is to divert the blood elsewhere. The most serviceable way in these circumstances is by means of laxatives, of which I think calomel and the salines are best. By the laxative action the blood pressure is lowered, the work of the heart lessened and the rate of respiration reduced.

Another way is by means of certain local applications, of which I think cold is of special service if we could only carry out the method successfully in private work. Just in what way it exerts its benefit I am not able to say, whether it contracts the local inflammation or not. In the latter stages, hot applications tend to promote resolution and in that sense are better than cold.

With a view to assist nature to eliminate the toxins, we endeavor to keep up the action of the kidneys, as there is sufficient clinical and experimental evidence to show that the degree of toxaemia in an infectious disease depends upon the activity of the kidneys, as it is more freely liberated by them than by the skin or intestinal tract.

We recognize that the renal activity depends upon the heart, and this upon the nervous mechanism that controls the heart and blood vessels, so in order to promote free diuresis and eliminate the toxins it will be necessary to keep the circulation active and for this purpose strychnia sulphate is very useful in 1-40 to 1-30 grain doses. If the urine falls below the normal amount, the best renal stimulant is plenty of water.

The failure of the circulation is always the most frequent and important complication, the cardiac weakness being due to three influences; increased work, disturbance in the nervous mechanism, changes in the muscle of the heart.

In the application of the so-called cardiac stimulants there is some variance of opinion, but an excellent rule is to use such remedies as will not disturb the digestive tract. With our present knowledge of the pathologic process in the lung, too much emphasis cannot be laid on the danger of using opium in the different expectorants. I, of late, have been using creosotal which has seemed to give me good results. In the last stage give tonics, and give nourishment from the beginning.

EDITORIAL.

OFFICIAL ORGAN OF

THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND OF ITS COMPONENT SOCIETIES.

Address All Communications "JOURNAL OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION, Vicksburg, Miss."

Published Monthly at Vicksburg, Miss.

SUBSCRIPTION: ONE DOLLAR PER ANNUM.

In a few days, now, the State Association meets. With the increase in membership that is evident all over the state, we should have the largest attendance in our history. Remember that every member can show his interest by putting in an appearance, for a day only if he cannot stay through the entire meeting. Jackson is the most convenient place, considering everybody, and its hotel accommodations are much improved, even over last year. So there is practically no reason why the majority of the members cannot attend. It is a time for recreation, for rest, for pleasure, for the renewing of old acquaintances and the making of new ones, and at the same time is an excellent opportunity for taking a post graduate course in many subjects and acquiring information that cannot be gained in any other way. One word, too, in the interest of our hardworking secretary. Let each county society get in its dues and its report as soon as possible. Read the secretary's anuouncement on the next page and comply with his request. Don't pile in all the work on the first day and make his job so laborious that he will have no time to enjoy the meeting. What with registering members, organizing the meeting, keeping tab on everything that is going on, he has plenty to do as it is, and if in addition to all this he has take in money and reports and hold his own report open in order that all the counties may be included in it, he will be in a bad fix. He ought to be able to finish up everything and close his report some days in advance of the meeting, and could if every county would do its duty.

MISSISSIPPI STATE MEDICAL ASSOCIATION.

Meets in Jackson, April 19th.

FOREST, MISS., March 10th. 1905.

TO THE SECRETARIES OF THE COUNTY SOCIETIES:

I sent blanks to each of you March 1st., for your annual reports, and up to the present very few have been returned. If any failed to come to hand notify me at once.

Read Chapter IX, Sections 1 and 2, By-Laws of the State Association, also Chapter I, Section 2, of the By-Laws for the County Societies, and be governed accordingly. You must understand that the admission fee must accompany the application for membership and that the County Society owes the State Association two dollars for every member elected into the County Society. If Secretaries allow members to be elected in any way without the payment of dues, it does not relieve the County Society of the responsibility.

J. J. HARALSON,
Secretary.

MACON, MISS., March 14th. 1905.

TO MEMBERS OF MISSISSIPPI STATE MEDICAL ASSOCIATION:

What more important subject can come before our Association in April than that of Obstetrics?

I beg that some of you may write articles pertaining to that subject—to be read at our meeting.

H. A. MINOR M.D.,
Chairman of Section on Obstetrics.

Dr. H. N. Street announces that papers for the surgical section will be acceptable and that those desiring to contribute notify him. His postoffice address is Gloster, Miss.

PASCAGOULA, MISS., March 12th. 1905.

I have so far failed in the attempt to enlist my friends for papers on my section and have therefore no programme for publication. I think, however, there will be two or three short papers besides the one I hope to present, the title of which is not fully matured, though it will be in the hands of the Secretary by the first of April.

B. F. DUKE,
Chairman Section Venereal Diseases.

Section On General Medicine.

H. L. SUTHERLAND M.D., CHAIRMAN.

1. The Treatment Of General Infections, Joseph Hume M.D., New Orleans.
2. Serum Therapy In Streptococcic Infections, C. O. Buck M.D., Lexington.
3. The Manifestations Of Syphilis In General Practice, W. D. Hubbard M.D., West Point.
4. Beginning Of Indigestion, H. M. Folkes M.D., Biloxi.
5. Some Phases Of Medical Education, P. W. Rowland M.D., Oxford.
6. Ileo-Colitis—Its Treatment, B. W. Inman M.D., Leota.
7. Treatment Of Lobar Pneumonia, F. C. Spalding M.D.,
8. A Paper, J. B. McElroy M.D., Memphis.
9. Auto-Intoxication, J. W. Gray Jr. M.D., Clarksdale.
10. A Health Report from Bolivar County.

"but this is wondrous strange!
And therefore as a stranger give it welcome."

H. L. Sutherland M.D.,
Rosedale

Section On Diseases Of Children.

C. D. MITCHELL M.D., CHAIRMAN.

1. Congenital Syphilis, W. F. Scales M.D., Macon.
2. Tetanus Of The New Born, With Report Of Two Recoveries, Morris J. Alexander M.D., Tunica.
3. Acute Rheumatism In Childhood; Report Of A Case, W. W. Robertson M.D., McComb City.
4. Gastro-Enteritis, H. F. Garrison M.D., Seminary.
5. Membranous Croup And Its Treatment, Solon G. Wilson M.D., Brookhaven.
6. Pneumonia In Childhood, W. H. Harrison M.D., Tutwiler.
7. Empyema Of Childhood, E. P. Jones M.D., Hermanville.

MISSISSIPPI STATE BOARD OF HEALTH.

Jackson, Miss., May 13th. 1905.

The State Board of Health will meet in this city on the 9th. and 10th. days of May (Tuesday and Wednesday) to examine applicants for license to practice medicine.

J. F. Hunter,
Secretary.

COUNTY SOCIETIES.

Clarksdale and Six Counties Medical Society. Preliminary Program, April 5, 1905:

Afternoon Session.

1—A Paper.....W. D. McCalip M.D., Cleveland
2—A Paper.....B. D. Cooper M.D., Duncan
3—Syphilis, Its Relation To Chronic Disease.....G. P. Jones M.D., Lula
4—Malarial Hematuria.....F. M. Dooley M.D., Duncan
5—Atypical Malarial Hematuria, With Reports Of Certain Cases .....W. P. Barton M.D., Hillhouse
6—History Of Influenza.....F. M. Brougher M.D., Belen
7—La Grippe.....W. H. McCracken M.D., Alligator
8—La Grippe.....J. B. Middleton M.D., Swan Lake

Evening Session—8 p. m.

9—Election of Officers.
10—Uses Of Fixed Dressings.....M. J. Alexander M.D., Tunica
11—Some Idiosyncrasies Of Patients.....L. L. Minor M.D., Hollywood
12—Pneumonia.....L. B. Sparkman M.D., Cleveland
13—Pneumonia.....A. G. Everett M.D., Friars Point
14—Vomiting Of Pregnancy.....W. T. Harris M.D., Rich
15—Early Practice In The Delta.....T. J. Mayers M.D., Shelby

Holmes County Medical Society met at the Court House in Lexington Tuesday, March 14th. at 10 o'clock. Present: Dr. W. D. Smith, President, in the chair; Drs. G. C. Phillips, G. W. Farr, H. Christmas, T. W. Foster, B. A. Shepherd, J. W. Jordan, J. T. Buck, A. J. Newman, A. M. Doty, C. O. Buck, M. H. Roberts, J. H. Byrd, W. B. Burwell, R. H. Baker, B. J. Farr, F. L. Bott and J. H. McBee. The list of members was revised and all dues for the year were collected, for both the state and county societies. Dr. B. A. Shepherd was unanimously elected delegate to the State Association in April, Drs. G. C. Phillips, A. J. Newman and R. H. Baker were elected Censors. Drs. H. Christmas, J. W. Jordan and J. H. McBee were appointed a committee on legislation. The regular Constitution and By-Laws for county Societies was adopted, and the Secretary directed to furnish each member with a copy. The programme was then taken up and Dr. H. Christmas read a paper on appendicitis, which was discussed generally until twelve o'clock, when the meeting adjourned until after dinner. At two o'clock p.m. the members reassembled and a paper by Dr. J. H. McBee, on Curettage, was read by Dr. A. M. Doty and was followed by a general discussion. Dr. B. A. Shepherd was directed to vote within his discretion on all questions brought before the State Association. The Society will meet hereafter at nine-thirty a.m. instead of two o'clock p.m. on the second Tuesday of each month.

BOOK REVIEWS,

Studies in the Psychology of Sex--Sexual Selection in Man. I. Touch. II. Smell. III. Hearing. IV. Vision. By Havelock Ellis. 6⅝ x 8⅞ inches. Pages XII-270. Extra Cloth, $2.00, net. *Sold only by Subscription to Physicians, Lawyers and Scientists.* F. A. Davis Company, Publishers, 1912-16 Cherry Street, Philadelphia.

The practical value of these studies by Ellis is so slight that we doubt their wisdom. To attain their highest usefulness they must be read in an entirely scientific spirit and an expurgated edition would better serve. Unfortunately the histories used for the purposes of illustration are so extreme as to completely mar the undoubted scientific value of the book.

A Compend on the Diseases of the Eye and Refraction by George M. Gould A.M., M.D., Editor American Medicine. Formerly Opthalmologist to the Philadelphia Hospital, etc., and Walter L. Ryle A.M., M.D. Assistant Surgeon to Wills Eye Hospital, Philadelphia, etc. Third Edition Revised and Corrected. P. Blakiston's Son & Co., 1012 Walnut St,, Philadelphia. Price $1.00.

The reviewer of this book has always looked upon compends as dangerous in the hands of a medical student or physician. They tend to make him a superficial reader which no one studying or practicing medicine can afford to be.

This one is like all others, presenting the various subjects as clearly and as fully as is possible in the necessarily limited space.

The printer's part of the book is well done with the exception of the colored plates which are very inaccurate representations. M. H. Bell M.D.

The Ophthalmic Year Book, 1904. Edward Jackson, A.M., M.D,. Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic; President of the American Academy of Ophthalmology and Oto-Laryngology; Ophthalmologist to the Denver County Hospital, etc. The Herrick Book and Stationery Co., Denver, Col.

The volume of yearly literature on any one medical subject is so great that good abstracts become almost a necessity in keeping up with the literature of the day.

These are to be found in one of their most convenient and useful forms in a well edited year book.

The present volume covers its field well and one of its most attractive features is the appended list of all books, monographs and journal articles published during the year. The typographical work is much better than is usually found in the smaller volumes. M. H. Bell M.D.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey M.D., Attending Surgeon in the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Société Francaise d'Electro-Thérapie; American Medical Association; etc. *Fourth Edition, Revised, Rewritten and Greatly Enlarged.* Illustrated with Twelve (12) Original, Full-Page Chromo-lithographic Plates; Twelve (12) Full-Page Half-tone Plates of Photographs taken from Nature, and 157 Half-tone and Photo-Engravings in the Text. Pages XVI–468. Royal Octavo. Extra Cloth, Beveled Edges. Price $4.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

If there is any department of medicine or surgery in which conservatism should play the leading role it is gynecology and therefore anything to aid in this direction is welcomed gladly. Electricity is rapidly coming to our aid in gynecological conditions and though yet in its early youth gives us hope of even greater assistance in the future. The fact that in fifteen years four editions of this work have been required attests to the reception with which it has met and this latest edition well upholds the reputation accorded its predecessors. It is indeed one of the few books of which may be said that without it no modern medical library is complete.

Gynecology, Medical and Surgical, Outlines for Students and Practitioners. By Henry J. Garrigues A.M., M.D., Gynecologist to St. Mark's Hospital, New York City; Consulting Obstetric Surgeon to the New York Maternity Hospital, Consulting Physician to the New York Mothers Home and Maternity, Honorary Fellow of the American Gynecological Society, Honorary Fellow of the Obstetric Society of Edinburg, Honorary Member of the College of Physicians of the German Dispensary, Ex-President of the German Medical Society, Formerly Professor of Gynecology and Obstetrics in the School for Clinical Medicine and Professor of Obstetrics in the Post Graduate School and Hospital. Three hundred and forty-three illustrations. J. B. Lippincott Co., Philadelphia. Price $3.00.

Dr. Garrigues former works are so well and favorably known that one greets this latest child of his pen with the expectation of something beyond the ordinary, which expectation is fully realized on acquaintance. Intended primarily as a text book for medical students, this will be found of value to practitioners as well, containing as it does a concise and complete description of diseases of the female organs and of the methods by which they may be diagnosed and treated. The illustrations are particularly apt and add greatly to the value of the book.

The International Medical Annual: A Year Book of Treatment and Practitioners Index, 1905. Twenty-third year. E. B. Treat & Co., 241-243 West 23rd St., New York. Price $3.00.

Thoughts For The Occasion, Fraternal and Benevolent. Reference Manual of Historical Data and Facts; Helpful in suggesting Themes and in outlining Addresses for the observance of timely or special occasions of the various orders. Compiled by Franklin Noble D.D. E. B. Treat & Co., 241-243 West 23rd. St., New York. Price $2.00.

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THE MISSISSIPPI STATE MEDICAL ASSOCIATION.

PUBLISHED MONTHLY

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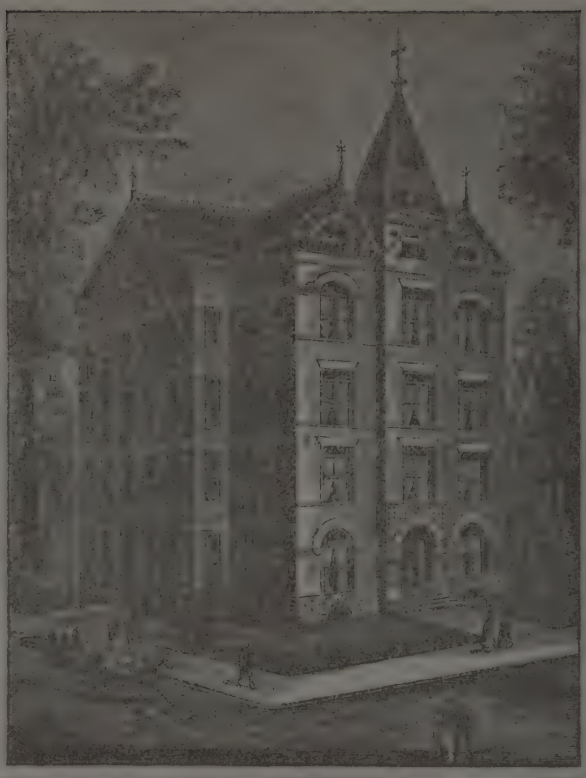
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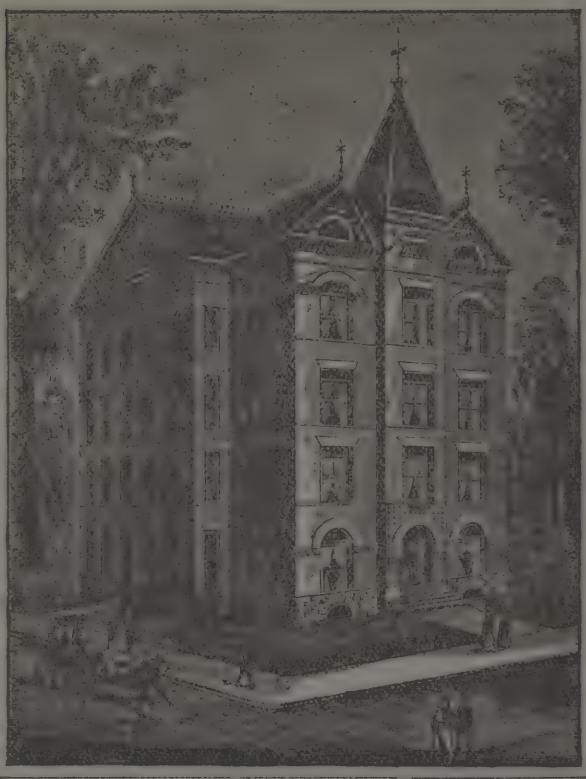
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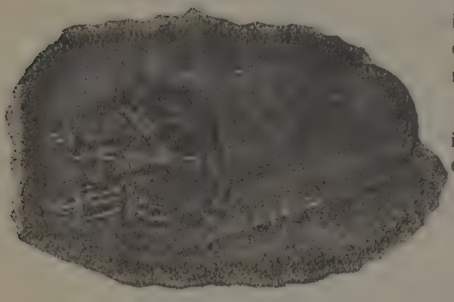
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3rd. Renders fetid, ammoniacal and turbid urine clear, inodorous and unirritating.

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4th. Causes urates, phosphates and oxalates to be held in solution by the modified urine, and deposits to be prevented.

5th. Under its influence the genito-urinary tract is put in good candition for operating.

6th. In Gouty and Rheumatic subjects the excretion of uric acid is facilitated and the symptoms ameliorated.

7th. In Gonorrhea, acute or chronic, Cystogen serves to restrict the area of infection and prevent reinfection. Cystogen is an important adjuvant to local measures.

DOSE—5 grains, 3 or 4 times daily, largely diluted with water.
FORMS OBTAINABLE:—Crystalline Powder—5 grain Tablets Granular Effervescent Salt.

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2nd. Prevents intra-vesical decomposition of the urine.

3rd. Renders fetid, ammoniacal and turbid urine clear, inodorous and unirritating.

4th. Causes urates, phosphates and oxalates to be held in solution by the modified urine, and deposits to be prevented.

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